

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000039044

1. Entity Name

BLUE MAGNET PROPERTIES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 25 AM 11:17

Principal Place of Business
3725 BLAKEMORE LANE
LAGRANGE KY 40031

Mailing Address
3725 BLAKEMORE LANE
LAGRANGE KY 40031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-163-3942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORATH, SHANNON L
2441 HIGHWAY 98 EAST
SUITE 108
SANTA ROSA BEACH FL 32459

Name Shannon L. Porath

Street Address (P.O. Box Number is Not Acceptable)
56 SPIRES LN #16A

City SANTA ROSA BEACH

FL

Zip Code 32459

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shannon L. Porath

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

1/20/05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 8, 2004

04-05

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME TRONZO, TERRY J
STREET ADDRESS 3725 BLAKEMORE LANE
CITY-ST-ZIP LAGRANGE KY 40031

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME TRONZO, JAQUELYN Y
STREET ADDRESS 3725 BLAKEMORE LANE
CITY-ST-ZIP LAGRANGE KY 40031

TITLE ☐ Change ☐ Addition
NAME 200042559542
STREET ADDRESS 11/08/04--01054--003 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 900045964679
STREET ADDRESS 02/03/05--01010--007 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Terry J Tronzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/27/04 (502) 727-5729

Date

Daytime Phone #