# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Apr 26, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000035466

1. Entity Name

BLUSH INVESTMENTS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 676 SANTA ROSA BOULEVARD<br>SUITE 7NO<br>FORT WALTON BEACH FL 32548<br>US | 406 RIDGEWOOD CIRCLE<br>DESTIN FL 32541<br>US |

1st MOORE CR2E083 (10/05)

| 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 30-0249795 ☐ 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 |
|---|---|
| CUNNINGHAM, ROBERT E MGRM<br>406 RIDGEWOOD CIRCLE<br>DESTIN FL 32541 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ 4/23/06
Signature, name & printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CUNNINGHAM, ROBERT E DR<br>406 RIDGEWOOD CIRCLE<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add<br>U00000534185<br>05/08/06-80002-007 50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CUNNINGHAM, BARBARA M<br>406 RIDGEWOOD CIRCLE<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>PARKHURST, ANGELA<br>676 SANTA ROSA BOULEVARD, SUITE 7NO<br>FORT WALTON BEACH FL 32548 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>COZZI, DONA M<br>326 SAILFISH CIRCLE<br>DESTIN FL 32541 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CHEFERO, MARLENE<br>942 SHADRACH DR<br>NEW MARKET ON L3X-2-H4 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>MONTALTO, SHERIE<br>423 CAVIAR DR<br>FORT WALTON BEACH FL 32548 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Robert E. Cunningham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #