

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 676 SANTA ROSA BOULEVARD SUITE 7NO FORT WALTON BEACH FL 32548 US	Mailing Address 406 RIDGEWOOD CIRCLE DESTIN FL 32541 US
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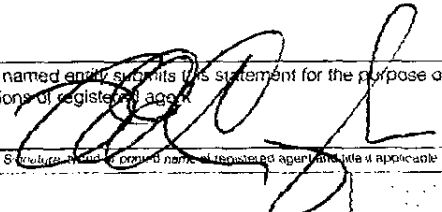


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E083 (10/05)
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 CUNNINGHAM, ROBERT E MGRM 406 RIDGEWOOD CIRCLE DESTIN FL 32541

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

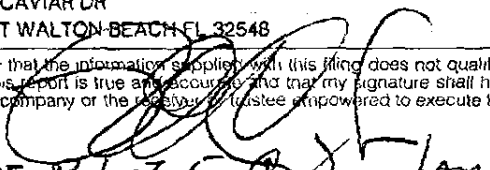
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/23/06

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006	
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUNNINGHAM, ROBERT E DR 406 RIDGEWOOD CIRCLE DESTIN FL 32541 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CUNNINGHAM, BARBARA M 406 RIDGEWOOD CIRCLE DESTIN FL 32541 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARKHURST, ANGELA 676 SANTA ROSA BOULEVARD, SUITE 7NO FORT WALTON BEACH FL 32548 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COZZI, DONA M 328 SAILFISH CIRCLE DESTIN FL 32541 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHEFERO, MARLENE 942 SHADRACH DR NEW MARKET ON L3X-2-H4 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONTALTO, SHERIE 423 CAVIAR DR FORT WALTON BEACH FL 32548 ☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add U00000534185 05/08/06-80002-007 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		