2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035466

1. Entity Name
BLUSH INVESTMENTS, LLC

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

01032007No Chg-LLC CR2E083 (11/05)

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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

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000579943
01/10/07-80027-017 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CUNNINGHAM, ROBERT E DR
STREET ADDRESS	406 RIDGEWOOD CIRCLE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	*CUNNINGHAM, BARBARA M*
STREET ADDRESS	406 RIDGEWOOD CIRCLE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	PARKHURST, ANGELA
STREET ADDRESS	676 SANTA ROSA BOULEVARD, SUITE 7NO
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	MGRM
NAME	COZZI, DONA M
STREET ADDRESS	326 SAILFISH CIRCLE
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	CHEFERO, MARLENE
STREET ADDRESS	*942 SHADRACH DR*
CITY-ST-ZIP	NEW MARKET, ON L3X-2H4
TITLE	MGRM
NAME	MONTALTO, SHERIE
STREET ADDRESS	423 CAVIAR DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 1/3/2007 850-658-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #