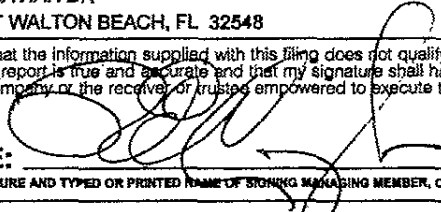


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000035466		
1. Entity Name BLUSH INVESTMENTS, LLC		
Principal Place of Business 676 SANTA ROSA BOULEVARD SUITE 7NO FORT WALTON BEACH, FL 32548 US		Mailing Address 406 RIDGEWOOD CIRCLE DESTIN, FL 32541 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CUNNINGHAM, ROBERT E MGRM 406 RIDGEWOOD CIRCLE DESTIN, FL 32541		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
DATE _____		
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	
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0249795	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

1/3/2007 850-658-0961