## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000035466

Entity Name: BLUSH INVESTMENTS, LLC

FORT WALTON BEACH, FL 32548 US

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 836 TROPIC AVE FORT WALTON BEACH, FL 32548 US **Current Mailing Address: New Mailing Address:** 836 TROPIC AVE FORT WALTON BEACH, FL 32548 US FEI Number: 30-0249795 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CUNNINGHAM, ROBERT E MGRM 836 TROPIC AVE FORT WALTON BEACH, FL 32548 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CUNNINGHAM, ROBERT E DR Name: Name: 836 TROPIC AVE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CUNNINGHAM, BARBARA M Name: Name: Address: 836 TROPIC AVE Address: City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PARKHURST, ANGELA Name: Name: Address: 53 NE YACHT CLUB DR Address: City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: COZZI, DONA M Name: Address: 326 SAILFISH CIRCLE Address: City-St-Zip: DESTIN, FL 32541 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CHEFERO, MARLENE Name: Name: 942 SHADRACH DR Address: Address: City-St-Zip: NEW MARKET, ON L3X-2H4 CA City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition MONTALTO, SHERIE Name: Name: Address: 423 CAVIAR DR Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: ROBERT E. CUNNINGHAM MGRM 04/16/2009