


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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FILED
Aug 14, 2006 8:00 am
Secretary of State

05-02-2006 90034 019 ****50.00

DOCUMENT # L04000043279					
1. Entity Name BLUEGREEN INTERESTS, LLC					
Principal Place of Business 1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312			Mailing Address 1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312		
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 04242006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, FRED 101 EAST COLLEGE AVE. TALLAHASSEE, FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, RICHARD S 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, RICHARD S 1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Richard S. Kearney</u>			Date: <u>4/28/06</u>		Daytime Phone #: <u>850-219-5221</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <u>RICHARD S. KEARNEY</u>					

30012706



Thomas Howell
Ferguson P.A.

ATTACHMENT

30012700

Public Accountants
120 Killarney Way (32309-3402)
P. O. Drawer 14569
Tallahassee, FL 32317-4569

Phone: (850) 668-8100
Fax: (850) 668-8199
email: thf@thf-cpa.com

May 1, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find the following Florida Annual Reports:

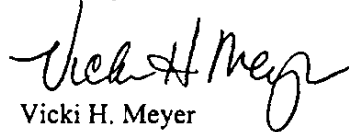
Limited Liability Companies

Bluegreen Interests, L.L.C. #L04000043279

LoftyVision, L.L.C. #L04000016543

Mainline Management Services, L.L.C. #L05000065567

Sincerely,



Vicki H. Meyer

Enclosures

CERTIFIED MAIL RECEIPT #7004 2890 0000 8154 0840