2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2006 8:00 am Secretary of State

| DOCUMENT # L04000048059 1. Entity Name BLUE BOY, LLC | | | | | 03-23-2006 90270 023 ****50.00 | | | | | |
|---|---|---|--|--|---|----------------------------|------------------------------|----------------------------|---------------------------------|--|
| Principal Place of Business 1700 W INTERNATIONAL SPWY DAYTONA BEACH, FL 32114 US | | Mailing Address 4 CARSON DRIVE ORMOND BEACH, FL 32174 | | | 20020028 | | | | | |
| | | | | | 11880811 618 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02072006 | Chg-LLC | CR2E0 | 83 (11/05) | | |
| City & State | | City & State | | , | 4. FEI Numbe 20-128 | | 8 Applied For Not Applicable | | | |
| Zip | Country | Zip | Country | | | of Status Desired | | \$5.00 Add | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New | Registered A | gent | | |
| . • | | | | | | | | | | |
| WATSON, LINDA M 4606 CLYDE MORRIS BLVD* | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 1-N PORT ORANGE, FL 32129 | | | | | | | ••• | | | |
| | | | City, | City, FL Zip Code | | | | | | |
| 8 The above | named entity submits this statement for | or the ournose of channing its r | enistered office o | r registere | ed agent, or bott | h in the State of F | | amiliar with | and accept | |
| | ions of registered agent. | A trio per peace of orioniging its f | 09,0,0,00,00 | n rogiotore | o agom, or bon | 11, 111 (110 01010 01 1 | Tonda. Tam | CARRIED WILLI, | una accept | |
| SIGNATURE . | Signature, typed or printed name of registered agen | t and title if applicable (NOTE | Registered Agent signs | turn raminad | when reinstature) | | DATE | | | |
| | | | | - Joque es | | | | <u> </u> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | · | | Make check payable to Florida Department of State | | | | | |
| 9. | MANAGING MEMB | FRS/MANAGERS | 10. | · | | ADDITIONS | S/CHANGES | | | |
| TITLE | MGR | ☐ Detete | TITLE | 1 | | | | | | |
| NAME | FISHER, DORNE MAY | | | | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 4 CARSON DRIVE | | NAME | | | | | ☐ Change | Addition | |
| | LORMOND BËACH EL 32174 | | STREET ADDRESS | | | | | ☐ Change | Addition | |
| IIILE ' | ORMOND BEACH, FL 32174 MGR | ☐ Delete | | MGR | - | | | | | |
| NAME | MGR FISHER, RUSSELL THOMAS | ☐ Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME | 1 | her, Ru | ussell T | | ☐ Change | Addition | |
| NAME STREET ADDRESS | MGR FISHER, RUSSELL THOMAS 4 CARSON DRIVE | ☐ Delete | STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | Fist 4 C | arson D | ssell T | Thomas | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MGR FISHER, RUSSELL THOMAS | | STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP | Fist 4 C | arson D | ssell T Prive ch. FL | Thomas 32174 | Change | ☐ Addition | |
| NAME STREET ADDRESS | MGR FISHER, RUSSELL THOMAS 4 CARSON DRIVE | Delete | STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS | Fist 4 C | arson D | rive | Thomas 32174 | | | |
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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.

06. 386-547-29