

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050760

Entity Name: BLUE MULE, L.L.C.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

813 NORTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

P.O. BOX 2279
NEW SMYRNA BEACH, FL 321702279 US

Current Mailing Address:

813 NORTH ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

P.O. BOX 2279
NEW SMYRNA BEACH, FL 321702279 US

FEI Number: 36-4557632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOLFE, HAROLD E JR
2300 PALM BEACH LAKE BOULEVARD STE. 302
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGR () Delete
Name: HANSEN, DAVID J
Address: 813 NORTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR () Delete
Name: HANSEN, KAREN L
Address: 813 NORTH ATLANTIC AVENUE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: DAVID J HANSEN

MR

01/07/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date