

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050760

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

FILED
Mar 09, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

813 N A1A
NEW SMYRNA BEACH, FL 321702279 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 36-4557632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

HANSEN, DAVID J MR.
813 N A1A
NSB, FL 321692309 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: DAVID J HANSEN

03/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 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.

SIGNATURE: DAVID J HANSEN

MMGR

03/09/2007

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