

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

03-08-2005 90029 017 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000083304 1. Entity Name BLUEPRINT TRANSPORTATION, LLC					
Principal Place of Business 914 WATERSIDE DRIVE CELEBRATION FL 34747			Mailing Address 914 WATERSIDE DRIVE CELEBRATION FL 34747		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 470182 Suite, Apt. #, etc.			
City & State 		City & State Celebration FL		4. FEI Number 26-0099722	
Zip 		Country 		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent MCDONALD-LEGER, MARIA L — MARLA 914 WATERSIDE DRIVE CELEBRATION FL 34747		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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLUEPRINT HOLDING, LLC PO BOX 470182 CELEBRATION FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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:			3-2-2005 866-960-2583		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		