

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028029

FILED  
Mar 16, 2006  
Secretary of State

Entity Name: BLUE SEA TURTLE, LLC

**Current Principal Place of Business:**

P. O. BOX 358254  
GAINESVILLE, FL 32635 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 358254  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

FEI Number: 26-0114717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, PENELOPE S  
4811 NW 71ST BLVD.  
GAINESVILLE, FL 32606 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOWELL, ANN L  
Address: P. O. BOX 5516  
City-St-Zip: GAINESVILLE, FL 32627

Title: MGRM ( ) Delete  
Name: JONES, PENELOPE S  
Address: 4811 NW 71ST BLVD.  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: ROMIG, LYDIA M  
Address: 434 TURKEY CREEK  
City-St-Zip: ALACHUA, FL 32615

Title: MGRM ( ) Delete  
Name: CREEK, MELODY J  
Address: 5484 FIFTH STREET  
City-St-Zip: ST. AUGUSTINE, FL 32080

**ADDITIONS/CHANGES:**

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

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

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: PENELOPE S. JONES

MGRM

03/16/2006

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