


2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90082 021 ****55.00

DOCUMENT # L05000038482	
1. Entity Name LIGHT BLUE LLC	

Principal Place of Business 6955 MIDNIGHT PASS RD. SARASOTA, FL 34242	Mailing Address 6955 MIDNIGHT PASS RD. SARASOTA, FL 34242
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40041630



2. Principal Place of Business 651 Turkey Creek Suite, Apt. #, etc. City & State Alachua, FL Zip 32615	3. Mailing Address 651 Turkey Creek Suite, Apt. #, etc. City & State Alachua, FL Zip 32615
Country USA	Country U. A

04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0561607	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LONG, TREVOR F 6955 MIDNIGHT PASS RD. SARASOTA, FL 34242	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, TREVOR F 6955 MIDNIGHT PASS RD. SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	651 Turkey Creek Alachua, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, GREGORY E 6955 MIDNIGHT PASS RD. SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	651 Turkey Creek Alachua, FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Trevor Long Trevor Long 4-27-06 941-228-5352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #