

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90034 021 \*\*\*\*50.00

**DOCUMENT # L05000065567**

1. Entity Name  
**MAINLINE MANAGEMENT SERVICES, LLC**



<b>Principal Place of Business</b> 1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312	<b>Mailing Address</b> 1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312
--	--

**30012705**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04242008 Chg-LLC CR2E083 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 20-3084938	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRIS, FRED**  
101 EAST COLLEGE AVE.  
TALLAHASSEE, FL 32301

**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 reissuing) DATE \_\_\_\_\_

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

Make check payable to  
Florida Department of State

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEARNEY, RICHARD S 1700 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KEARNEY, RICHARD S 1400 VILLAGE SQUARE BLVD #3-339 TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Richard S. Kearney  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/06 850 219 5221  
Date Daytime Phone #

RICHARD S. KEARNEY

Thomas Howell  
Ferguson P.A.

ATTACHMENT

30012705

Certified Public Accountants  
2120 Killarney Way (32309-3402)  
P.O. Drawer 14569  
Tallahassee, FL 32317-4569

Phone: (850) 668-8100  
Fax: (850) 668-8199  
email: thf@thf-cpa.com

May 1, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find the following Florida Annual Reports:

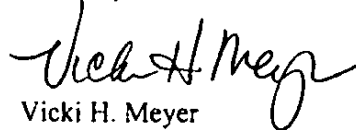
Limited Liability Companies

Bluegreen Interests, L.L.C. #L04000043279

LoftyVision, L.L.C. #L04000016543

Mainline Management Services, L.L.C. #L05000065567

Sincerely,

  
Vicki H. Meyer

Enclosures

**CERTIFIED MAIL RECEIPT #7004 2890 0000 8154 0840**