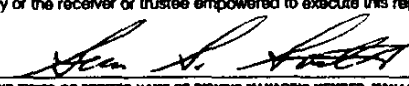


FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90154 029 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000072943			
1. Entity Name BLUE MOUNTAIN FLORIDA, LLC			
Principal Place of Business 4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319		Mailing Address 171 17TH STREET NW STE 2100 ATLANTA, GA 30363	
2. Principal Place of Business - No P.O. Box # 3124 WEST ADDISON DR		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALPHARETTA, GA		City & State	
Zip 30022	Country USA	Zip	Country
4. FEI Number 20-3202752		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK 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 relinquishing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, SEAN S 4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, SEAN S 3124 WEST ADDISON DR ALPHARETTA, GA 30022 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, SCOTT S 4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, SCOTT S 3100 WEST ADDISON DR ALPHARETTA, GA 30022 ☒ 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
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
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: 		3/12/07 (770) 330-8505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	