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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	Mailing Address
4151 ASHFORD-DUNWOODY ROAD, SUITE 615 ATLANTA, GA 30319	171 17TH STREET NW STE 2100 ATLANTA, GA 30363

03072007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3124 WEST ADDISON DR	
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	7. Name and Address of New Registered Agent
NATIONAL CORPORATE RESEARCH, LTD., INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	MGR SMITH, SCOTT S 3100 WEST ADDISON DR ALPHARETTA, GA 30022	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Sean S. Smith 3/12/07 (770)330-8505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #