



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90018 012 \*\*\*\*50.00

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L05000074348</b>   |  |         |   |
| 1. Entity Name<br><b>GO BLUE LLC</b>   |  |  |   |
| Principal Place of Business<br><b>1237 WINDSONG ROAD<br/>ORLANDO, FL 32809</b>   |  | Mailing Address<br><b>1237 WINDSONG ROAD<br/>ORLANDO, FL 32809</b>                       |   |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  | Country  | Zip  | Country   |
| 5. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent  |   |
| <b>FIELDS, RANDOLPH H<br/>1237 WINDSONG ROAD<br/>ORLANDO, FL 32809</b>   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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<br>Due by May 1, 2006  |  | Make check payable to<br>Florida Department of State                                     |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGR<br/>FIELDS, RANDOLPH H<br/>1237 WINDSONG ROAD<br/>ORLANDO, FL 32809</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 606, Florida Statutes. |  |  |   |
| SIGNATURE:    |  | 4/24/06 407-420-1000   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  | Date Day/Mo/Yr   |   |

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04212006 Chg-LLC CR2E083 (11/05)

4. FEI Number **22-3915739** Applied For Not Applicable

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