

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000076978**

**1. Entity Name**  
**BLUES CREEK INVESTMENTS LLC**



**Principal Place of Business**  
**7815 NORTHWEST 47TH WAY**  
**GAINESVILLE, FL 32653**

**Mailing Address**  
**7815 NORTHWEST 47TH WAY**  
**GAINESVILLE, FL 32653**



04082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**43-2089035**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

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

**INGALLS, DONALD L**  
**7815 NORTHWEST 47TH WAY**  
**GAINESVILLE, FL 32653**

**DO NOT WRITE  
IN THIS SPACE**

**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**

*Donald L. Ingalls* (DONALD L. INGALLS, General Partner)

*4-11-07*

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

1100000707395  
04/24/07-80073-013 50.00

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGRM</b>
<b>NAME</b>	<b>WYNCHASE FAMILY LP</b>
<b>STREET ADDRESS</b>	<b>385 LAWSON RD.</b>
<b>CITY-ST-ZIP</b>	<b>MATHEWS, AL 36052</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Donald L. Ingalls* (DONALD L. INGALLS) 4-11-07 3342773492

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

**Date**

**Daytime Phone #**