

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-14-2006 90203 043 ****50.00

DOCUMENT # L05000103879

1. Entity Name:
BLUE TICK PROPERTIES, LLC



Principal Place of Business
9090 WEST LAKE RUBY DRIVE
WINTER HAVEN, FL 33884

Mailing Address
6039 CYPRESS GARDENS BLVD., #411
WINTER HAVEN, FL 33884

30003355



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-3865352

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THOMPSON, CYLDE H
9090 WEST LAKE RUBY DRIVE
WINTER HAVEN, FL 33884

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
THOMPSON, CLYDE H
6039 CYPRESS GARDENS BLVD., #411
WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Clyde H. Thompson 3/9/06 863 324-2305



ATTACHMENT

30663385

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

BLUE TICK PROPERTIES, LLC
6039 CYPRESS GARDENS BLVD., #411
WINTER HAVEN, FL 33884

Subject: BLUE TICK PROPERTIES, LLC

Reference Number:

L05000103879

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MS

ANNUAL REPORTS SECTION