


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90074 018 ***138.75

DOCUMENT # L06000004602					
1. Entity Name BLUE SABRE CAPITAL, LLC					
Principal Place of Business 537 EAST PARK AVENUE TALLAHASSEE, FL 32301			Mailing Address 537 EAST PARK AVENUE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box # 2507 CALLAWAY ROAD		3. Mailing Address 2507 CALLAWAY RD.			
Suite, Apt. #, etc. #211		Suite, Apt. #, etc. #211			
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL			
Zip 32303	Country US	Zip 32303	Country US	4. FEI Number 56-2557370	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GAGER, SHANE T 537 EAST PARK AVENUE TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name GAGER, SHANE T. Street Address (P.O. Box Number is Not Acceptable) 2507 CALLAWAY ROAD SUITE 211 City TALLAHASSEE FL Zip Code 32303		
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 reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGER, SHANE T 537 EAST PARK AVENUE TALLAHASSEE, FL 32301			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAGER, SHANE T 2507 CALLAWAY ROAD, SUITE 211 TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>Shane T. Gager</u>				Date <u>2/12/2008</u> Daytime Phone # <u>850.224.3003</u>	