

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 12, 2007 8:00 am
Secretary of State

01-18-2007 90016 041 ****50.00

DOCUMENT # L06000034933					
1. Entity Name BLUE II, LLC					
Principal Place of Business 101 HARRISON AVENUE PANAMA CITY, FL 32401 US			Mailing Address 101 HARRISON AVENUE PANAMA CITY, FL 32401 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082007 Chg-LLC CR2E083 (12/05)	
4. FEI Number 20-4619514				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNETT, DERRICK 101 HARRISON AVENUE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 MGR NAME HINE, CHRISTOPHER STREET ADDRESS 101 HARRISON AVENUE CITY - ST - ZIP PANAMA CITY, FL 32401	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: _____			1-8-07		
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		