
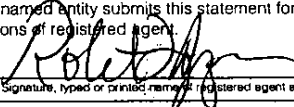
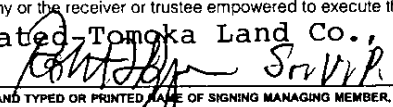


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-12-2007 90310 008 ****50.00

DOCUMENT # L06000053610 1. Entity Name INDIGO HENRY LLC			
Principal Place of Business 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		Mailing Address 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308	
2. Principal Place of Business - No P.O. Box # 1530 Cornerstone Blvd. Suite, Apt. #, etc. Suite 100		3. Mailing Address P.O. Box 10809 Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32117	Country USA	Zip 32120-0809	Country USA
4. FEI Number N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOUFF, JANICE T 2075 CENTRE POINTE BLVD. TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Robert F. Apgar, Esq. Street Address (P.O. Box Number is Not Acceptable) 1530 Cornerstone Blvd, Suite 100 City Daytona Beach FL Zip Code 32117	
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  DATE 1-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGRM Consolidated-Tomoka Land Co. 1530 Cornerstone Blvd, Suite 100 Daytona Beach, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 608, Florida Statutes. Consolidated-Tomoka Land Co., as managing general partner SIGNATURE:  2/8/07 386-274-2202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			