2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

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DOCUMENT # L06000082767 1. Entity Name BLUE FROG PROPERTIES, LLC						02-28-2008	3 90106 035 ***1	43.75
Principal Place	e of Business	Mailing Address					•	
3437 COCAR WINDERMERI	D CT.	3437 COCARD CT. WINDERMERE, FL		٠		001145	J	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. OOX 770814						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02262008	Chg-LLC	CR2E083 (12/06)		
City & State	е	City & State	Gard	en FC	4. FEI Numb - 71-101			pplied For ot Applicable
Zip	Country	Zip	Coun	to:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$5.00 Ad	- ''
•		34777		<u>"YUSA</u>	5. Certificate	of Status Desired	Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered Agent	
DAINEV I	OUISE B			Name				
RAINEY, LOUISE B 370 E. CROWN POINT RD.			Street Address (P.O. Box Number is Not Acceptable)					
WINTER G	SARDEN, FL 34787							
				City			FL Zip Coo	de e
8. The above	named entity submits this statement for	r the purpose of changing	ng its registere	L ed office or regi	istered agent, or bo	th, in the State of Fl		, and accept
the obligat	ions of registered agent.							•
CICLIATURE								
SIGNATURE.	Singature, typed or printed name of registered agent a	and tale if applicable	(NOTE Recistors	d Agent consture reg	uwad when reinstation)		DATE	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable	(NOTE: Registere	d Agent signature req	quired when reinstating)		DATE	
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FILE	NOW!!! FEE IS \$138.75		(NOTE: Registered	d Agent signature req	quired when reinstating)	Florid	ke check payable to	le
FILE After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				quired when reinstating)	Florid	ke check payable to a Department of Sta	te Addition
FILE After May	MANAGING MEMBER MGRM RAINEY, LAUREN E	RS/MANAGERS	10.	:	quired when reinstating)	Florid	ke check payable to a Department of Star /CHANGES	
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOULEN & MANAGER MANAGER MANAGER OF AUTON E. Rainay 2-26-08 321-229-040

SIGNATURE: Date Daytime Proper #