

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105609

**FILED**  
**Jun 15, 2009**  
**Secretary of State**

**Entity Name:** STUDIO BLU, LLC

**Current Principal Place of Business:**

8510 KLONDYKE RD  
YOUNGSTOWN, FL 32466 US

**New Principal Place of Business:**

437 TULLY ST UNIT 4005  
HURLBURT FIELD, FL 32544 US

**Current Mailing Address:**

PO BOX 1313  
PANAMA CITY, FL 32402 US

**New Mailing Address:**

437 TULLY ST UNIT 4005  
HURLBURT FIELD, FL 32544 US

**FEI Number:** 68-0637969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WEBSTER, THOMAS B  
8510 KLONDYKE RD  
YOUNGSTOWN, FL 32466 US

**Name and Address of New Registered Agent:**

WEBSTER, THOMAS B  
437 TULLY ST UNIT 4005  
HURLBURT FIELD, FL 32544 US

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.

SIGNATURE:

06/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEBSTER, THOMAS B  
Address: PO BOX 1313  
City-St-Zip: PANAMA CITY, FL 32402 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEBSTER, THOMAS B  
Address: 437 TULLY ST UNIT 4005  
City-St-Zip: HURLBURT FIELD, FL 32544 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS WEBSTER

MGRM

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date