

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000108378

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** BLUE SKY PARTNERS, LLC

**Current Principal Place of Business:**

203 HOWARD STREET, E  
LIVE OAK, FL 32064

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 502  
LIVE OAK, FL 32064

**New Mailing Address:**

**FEI Number:** 03-0611309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CALVITT, RICHARD W  
10572 52ND TERRACE  
LIVE OAK, FL 32060 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** CALVITT, RICHARD W  
**Address:** 10572 52ND TERRACE  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** MGRM  
**Name:** NORRIS, JIMMY C JR.  
**Address:** P.O. BOX 1267  
**City-St-Zip:** LIVE OAK, FL 32064

**Title:** MGRM  
**Name:** JONES, JEFFREY D  
**Address:** 13035 97TH ROAD  
**City-St-Zip:** LIVE OAK, FL 32060

**Title:** MGRM  
**Name:** WILLIAMS, CHADWICK W  
**Address:** 219 SW MOSSY COURT  
**City-St-Zip:** LAKE CITY, FL 32024

I hereby 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:** RICHARD W CALVITT

MGRM

04/29/2012

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