

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108959

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: BLUE SAND PROPERTIES, LLC

**Current Principal Place of Business:**

135 S. JOHN SIMS PKWY  
VALPARAISO, FL 32580

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 386  
VALPARAISO, FL 32580

**New Mailing Address:**

FEI Number: 20-5871806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TOTTEN, BEN A IV  
135 S. JOHN SIMS PKWY  
VALPARAISO, FL 32580      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 ( ) Delete  
Name: TOTTEN, BEN A IV  
Address: PO BOX 386  
City-St-Zip: VALPARAISO, FL 32580

Title: MGRM ( ) Delete  
Name: POLOMSKI, LEONARD T JR.  
Address: 311 RIVERSIDE DR.  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete  
Name: GARCIA, LINDA M  
Address: 311 RIVERSIDE DR.  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BEN TOTTEN

MGRM

01/22/2009

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