

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050409

Entity Name: APEX BLUE RIDGE, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

6789 SOUTHPOINT PARKWAY
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551508
JACKSONVILLE, FL 322551508 US

New Mailing Address:

FEI Number: 26-0177355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ.
ONE INDEPENDENT DRIVE
SUITE 2200
JACKSONVILLE, FL 32202 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: SPRIGGS, JAMES III
Address: 6789 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: YOUNG, ROBERT
Address: 6789 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: SNYDER, LORRIE
Address: 6789 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: SORESEN, JOANN
Address: 6789 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: RALSTON, NANCY
Address: 6789 SOUTHPOINT PARKWAY
City-St-Zip: JACKSONVILLE, FL 32216

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:

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: LORRIE SNYDER

MGRM

04/21/2009

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