

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050409

Entity Name: APEX BLUE RIDGE, LLC

FILED  
Feb 22, 2011  
Secretary of State

**Current Principal Place of Business:**

13744 SHELTER COVE DRIVE  
JACKSONVILLE, FL 32225

**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  
Name: SPRIGGS, JAMES III  
Address: 7785 MT. RANIER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM  
Name: YOUNG, ROBERT  
Address: 6119 SHADHILL ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM  
Name: SNYDER, LORRIE  
Address: 13744 SHELTER COVE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM  
Name: SORENSEN, JOANN  
Address: 47 OAKMONT CIRCLE ORMOND BEACH, FL 3217  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: RALSTON, NANCY  
Address: 105 ANNAPOLIS LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: LORRIE SNYDER

MGRM

02/22/2011

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