

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000005440

FILED  
Feb 15, 2011  
Secretary of State

Entity Name: BLUE GHOST II, LLC

**Current Principal Place of Business:**

129 CHANTECLAIRE CIRCLE  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

129 CHANTECLAIRE CIRCLE  
GULF BREEZE, FL 32561 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

LOGAN, C FLACK  
129 CHANTECLAIRE CIRCLE  
GULF BREEZE, FL 32561 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: LOGAN, C FLACK  
Address: 129 CHANTECLAIRE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM  
Name: LOGAN, KATHLEEN V  
Address: 129 CHANTECLAIRE CIRCLE  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM  
Name: ECHSNER, REBECCA A  
Address: 23 NORTH SUNSET BOULEVARD  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM  
Name: ECHSNER, STEPHEN H  
Address: 23 NORTH SUNSET BOULEVARD  
City-St-Zip: GULF BREEZE, FL 32561 US

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: C FLACK LOGAN

MGRM

02/15/2011

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