

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # L99000008996

1. Entity Name
OLD BLUE, L.L.C.



Principal Place of Business

4000 KRUSE WAY PLACE
BLDG 3 SUITE 110
LAKE OSWEGO, OR 97035 US

Mailing Address

4000 KRUSE WAY PLACE
BLDG 3 SUITE 110
LAKE OSWEGO, OR 97035 US



04032007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

65-1139772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANIELS, Alys N
C/O GARY, DYTRYCH & RYAN, P.A.
701 U.S. HIGHWAY ONE, SUITE 402
N. PALM BEACH, FL 33408

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HAYDEN, RICHARD A
STREET ADDRESS 4000 KRUSE WAY PLACE BLDG 3 SUITE 110
CITY-ST-ZIP LAKE OSWEGO, OR 97035

TITLE MGR
NAME PATAKI, ELIZABETH
STREET ADDRESS 1017 ROUTE 9D
CITY-ST-ZIP GARRISON, NY 10524

TITLE MGR
NAME CAPELLI, VANESSA
STREET ADDRESS 2135 CALLE LOS CALLADOS
CITY-ST-ZIP DIABLO, CA 94528

TITLE MGR
NAME HAYDEN, YEE LING
STREET ADDRESS 4000 KRUSE WAY PLACE BLDG 3 SUITE 110
CITY-ST-ZIP LAKE OSWEGO, OR 97035

TITLE MGR
NAME HAYDEN, ASHLEY
STREET ADDRESS 4630 LOS FELIX # 2
CITY-ST-ZIP LOS ANGELES, CA 90027

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000693249
04/16/07-80032-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/3/07 (503) 697-3188