

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90107 048 ****50.00

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DOCUMENT # M02000002985 1. Entity Name BLUE CLOUD, LLC					
Principal Place of Business 21 N. SPOOKY LANE SANTA ROSA BEACH, FL 32459			Mailing Address 21 N. SPOOKY LANE SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business 617 Blue Mountain Rd Suite, Apt. #, etc.		3. Mailing Address 2710 Gardenwood Court Suite, Apt. #, etc.			
City & State Santa Rosa Beach FL Zip 32459 Country USA		City & State Lilburn GA Zip 30041 Country USA		4. FEI Number NOT APPLICABLE 82-0574799	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MORRIS, FLYNN 21 N. SPOOKY LANE SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name Susan Livingston Street Address (P.O. Box Number is Not Acceptable) 56 Spires Lane # 14 A City Santa Rosa Beach FL Zip Code 32459		
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 Susan Livingston DATE 02/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORRIS, FLYNN 1043 E. MACK BAYOU DR. SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Jack Jones 2710 Gardenwood Court Lilburn GA 30041	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			Date 2/21/05 Daytime Phone # 770 923 6311		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					