

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

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		3. Mailing Address 2710 Gardenwood Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Santa Rosa Beach FL		City & State Lilburn GA	
Zip 32459	Country USA	Zip 30041	Country USA
4. FEI Number NOT APPLICABLE 82-0574799		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
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 <i>Susan Livingston</i> 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) DATE</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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>		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>			

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