

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90326 008 \*\*\*\*50.00

DOCUMENT # *M 99000001387*

1. Entity Name

Blue Tiger Properties LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3343 Peachtree Road NE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 1600

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Atlanta, GA

City & State

4. FEI Number

593597271

Applied For

Not Applicable

Zip

30326

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code  
33324

**DO NOT WRITE  
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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Flynn D Morris, Jr.  
475 Blue Mountain Beach Drive  
Santa Rosa Beach, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGER  
21 N. Sawkay Ln.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #

CR2E083B (12/02)