

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013345

**FILED**  
**Mar 29, 2004**  
**Secretary of State**

**Entity Name:** BLUE FISH, LLC

**Current Principal Place of Business:**

3821 HENDERSON BOULEVARD  
TAMPA, FL 33629 US

**New Principal Place of Business:**

1725 UNIVERSITY DRIVE  
450  
CORAL SPRINGS, FL 33071 US

**Current Mailing Address:**

3821 HENDERSON BOULEVARD  
TAMPA, FL 33629 US

**New Mailing Address:**

1725 UNIVERSITY DRIVE  
450  
CORAL SPRINGS, FL 33071 US

FEI Number: 65-1075947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

SUTTON, SAMUEL R PRES  
1725 UNIVERSITY DRIVE  
450  
CORAL SPRINGS, FL 33071 US

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: SAMUEL R SUTTON

03/29/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**ADDITIONS/CHANGES:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: SUTTON, SAMUEL R PRES  
Address: 1725 UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL R SUTTON

PRES

03/29/2004

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