


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90146 034 \*\*\*\*50.00

<b>DOCUMENT # L03000052036</b>	
1. Entity Name BLUELINE PROPERTIES, LLC	

Principal Place of Business 4611 107TH CIRCLE N CLEARWATER, FL 33762 US	Mailing Address 4611 107TH CIRCLE N CLEARWATER, FL 33762 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07212004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0467149</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>	
PANARO, STEVE 4611 107TH CIRCLE N CLEARWATER, FL 33762	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANARO, STEVE 4611 107TH CIRCLE N CLEARWATER, FL 33762 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:** *Stephen A. Panaro* **8/5/04** **727-540-0255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #