


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90136 023 \*\*\*\*50.00

DOCUMENT # L04000066610	
1. Entity Name RICOTTA BLEU INVESTMENTS, LLC	

Principal Place of Business 4639 GULF STARR DRIVE DESTIN, FL 32541	Mailing Address 4639 GULF STARR DRIVE DESTIN, FL 32541
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**20047205**



**DO NOT WRITE IN THIS SPACE**

04202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2013656	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

SCHEYD, JOSEPH M JR  
1221 AIRPORT ROAD, SUITE 209  
DESTIN, FL 32541

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELAMAD, JOHN H 4639 GULF STARR DRIVE DESTIN, FL 32541
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**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John H. Elamad John H. Elamad 4/21/06 8508377454  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #