


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-09-2006 90004 041 ****55.00

| | | | |
|--|-------------------------------------|---|---|
| DOCUMENT # L05000076180 | |  | |
| 1. Entity Name BLUE JAY LLC | | | |
| Principal Place of Business 6972 W. IMLAY STREET CHICAGO, IL 60631 | | Mailing Address 6972 W. IMLAY STREET CHICAGO, IL 60631 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| FL | | FL | |
| Zip Code | | 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 of or proxy of current registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROJAS, ROBERT J | NAME | |
| STREET ADDRESS | 6972 W. IMLAY STREET | STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL 60631 | CITY - ST - ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLO-ROJAS, ROSE | NAME | |
| STREET ADDRESS | 6972 W. IMLAY STREET | STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL 60631 | CITY - ST - ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROJAS, GLORIA M | NAME | |
| STREET ADDRESS | 6972 W. IMLAY STREET | STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL 60631 | CITY - ST - ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLO, CARMELITA | NAME | |
| STREET ADDRESS | 6972 W. IMLAY STREET | STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL 60631 | CITY - ST - ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARTIN, MICHAEL J | NAME | |
| STREET ADDRESS | 6972 W. IMLAY STREET | STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL 60631 | CITY - ST - ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| 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: <i>Robert Rojas</i> | | Date: <i>2-25-06 (773) 805,4253</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | |

JUUUJ643



02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number *04-3822551* Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

FL Zip Code

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

Make check payable to
Florida Department of State

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10. ADDITIONS/CHANGES

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SIGNATURE: *Robert Rojas* Date: *2-25-06 (773) 805,4253*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT
30003645

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

BLUE JAY LLC
6972 W. IMLAY STREET
CHICAGO, IL 60631

Subject: BLUE JAY LLC

Reference Number: L05000076180

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ
ANNUAL REPORTS SECTION

SENT - 3-21-06
04-3822551