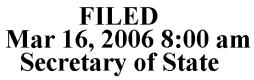
## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT** CIP DA DOCUMENT #1 05000109785



1. Entity Name BLOWN UP, LLC							03-16-2006 90	0025 020 ****50	.00	
Principal Place of Business			Mailing Address							
1680 MICHIGAN AVENUE, SUITE 1001 MIAMI BEACH, FL 33139			1680 MICHIGAN AVENUE, SUITE 1001 MIAMI BEACH, FL 33139							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03132006	Chg-LLC	CR2E083 (11/05	)	
City & State			City & State			4. FEI Numb	oer 075 <i>9</i> /87	<b></b>	Applied For	
Zip	Country		Zip Coun		itry		e of Status Desired	S5.00 Ac	dditional	
6. Name and Address of Current F			egistered Agent		Name	7. Name and Address of New Registered Agent me				
GADINSKY, SETH \ 1680 MICHIGAN AVENUE, SUITE 1001 MIAMI BEACH, FL 33139					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										
Filing Fee is \$50.00 Due by May 1, 2006								e check payable to Department of Sta	te	
9,	t	NG MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGRM HALPERN, MARC		☐ Delete	TITLE NAM				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1680 MICHIGAN AVEN MIAMI BEACH, FL 33		1001	STRE	ET ADDRESS -ST-ZIP					
TITLE	MGRM		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	BALAN, MICHAEL   1680 MICHIGAN AVEN	1001	NAM STRE	E ET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH, FL 33			-ST-ZIP						
TITLE NAME	MGRM Delete T				E E			Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH, FL 33139 cit				-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAM	Į.			Change	Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE NAME			☐ Delete	TITLE	l l			Change	Addition	
STREET ADDRESS				STRE	ET ADDRESS					
CITY-ST-ZIP			D Dalas	_	-ST-ZIP		<del>-</del>	□ Channa	- Addition	
NAME			☐ Delete	TITLE NAM	[		•	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			e a serve e e		ET ADDRESS -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 manager of the provided by 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 manager or manager or manager or manager										