2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT #1.05000117702



FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nam BLUE 806		702	***			04-03-2006			
Principal Place of Business 782 NW LEJEUNE ROAD, #4 OCEAN BANK BUILDING MIAMI, FL 33126		Mailing Address 782 NW LEJEUNE ROAD, #4 OCEAN BANK BUILDING MIAMI, FL 33126 3. Mailing Address Suite, Apt. #, etc.			ESTOL CUIL Do ith othe Cox	ON HOUSE HOLD COUR		188 1 III (188)	
2. Principal Place of Business				02062006 Chg-LLC CR2E083 (11/05)					
Suite, Apt. #, etc.									
City & State		City & State			4. FEI Numbr 20-41	10770			oplied For at Applicable
Zip	Country	Zip	Countr	Y	5. Certificate	of Status Desired		5.00 Add se Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Ag	jent	
KASABDJI, JORGE D				Name					
782 NW LI	EJEUNE ROAD, #4			Street Address	(P.O. Box Numb	er is Not Acceptable	9)		•
OCEAN B	ANK BUILDING . 33126.		F						
		-	City			FL	Zip Cod	θ	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or registe	ered agent, or bo	h, in the State of Fk	orida. I am fa	miliar with,	and accept
•									
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered	Agent signature require	od when reinstating)		DATE		
F	iling Fee is \$50.00 ue by May 1, 2006	and title if applicable. (NOTE	E: Registered	Agent signature require	od when reinstading)		DATE se check pay n Departmen		•
. P	iling Fee is \$50.00 ue by May 1, 2006			Agent signature require	d when reinstating)	Florida	e check pay a Departmen		•
2 FI 2 D	iling Fee is \$50.00 ue by May 1, 2006		E: Registered		sd when reinstating)		e check pay a Department CHANGES		• Addition
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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 emptywered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF

NAME

STREET ADDRESS

CITY-ST-ZIP

3/3/106 BER, MANAGER, OR AUTHORIZED REPRESENTATIVE