


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008467 1. Entity Name BLUE RIBBON REALTY LLC	
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Principal Place of Business 8565 STOCKS ROAD JACKSONVILLE, FL 32220	Mailing Address 8565 STOCKS ROAD JACKSONVILLE, FL 32220
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3111868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NORMAN P. FREEDMAN, P.A. 525 NORTH NEWMAN STREET JACKSONVILLE, FL 32202	DO NOT WRITE IN THIS SPACE
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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 renewing) DATE _____

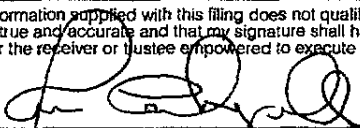
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACHAPPELLE, GUY 8565 STOCKS ROAD JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAW, ROY 8565 STOCKS ROAD JACKSONVILLE, FL 32220
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1100000233195
02/17/05-80031-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **2/10/05 (904) 786-5503**

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