## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 24, 2008 8:00 am Secretary of State DOCUMENT # L06000011688 01-24-2008 90065 003 \*\*\*138.75 BLUÉ CROWN L.L.C. Principal Place of Business Mailing Address 60003374 2800 WILLIAMS ISLAND BLVD, APT. 2901 2800 WILLIAMS ISLAND BLVD, APT. 2901 AVENTURA, FL 33160 AVENTURA, FL 33160 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16051 COLLINS AVENUE 01092008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For 20-4215966 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Age LAURA SUTNICK, LAURA R 2800 WILLIAMS ISLAND BOULEVARD, APT. 2901 Street Address (P'O. Box Nymber is Not Acceptable) 16051 (OULNS AVENUE, APARTMENT AVENTURA, FL 33160 SUNNY ISLES REACH 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 agen SIGNATURE. (NOTE\_Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE MGRM TITLE Delete SUTNICK, CANDICE V. SUTNICK, CANDICE V NAME 110051 COLLINS AVENUE, APARTMENT 1904 2800 WILLIAMS ISLAND BOULEVARD, APT. 2901 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AVENTURA, FL 33160 CITY-ST-ZIP SUNIN ISLES REACH, FL 33160 MGRM MGRM TITLE **Delete** TITLE SUTNICK, LAURA R SUTNICK, LAURA R NAME NAME 16051 COLLINS AVENUE, APARTMENT 1904 2800 WILLIAMS ISLAND BOULEVARD, APT. 2901 STREET ADDRESS STREET ADDRESS AVENTURA, FL 33160 CITY-S1-ZIP SUNNY ISLES BEACH, FL 33160 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Change -- Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

**FILED**