

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063252

FILED
Jan 16, 2009
Secretary of State

Entity Name: BLUEFISH TRANSPARENCIES 703, LLC

Current Principal Place of Business:

17755 US HIGHWAY 19 NORTH
100
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

17755 US HIGHWAY 19 NORTH
100
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 26-2911872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISHMAN, MORRIS E
17755 US HIGHWAY 19 NORTH
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

FISHMAN, MORRIS E
17755 US HIGHWAY 19 NORTH
100
CLEARWATER, FL 33764 US

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.

SIGNATURE: MORRIS FISHMAN

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEAULIEU, ROBERT
Address: 2730 VIA TIVOLI UNIT 316A
City-St-Zip: CLEARWATER, FL 33764

Title: MGR () Delete
Name: BEAULIEU, MICHELE
Address: 2730 VIA TIVOLI UNIT 316A
City-St-Zip: CLEARWATER, FL 33764

Title: MGR () Delete
Name: FISHMAN, DIANE
Address: 17755 US HIGHWAY 19 NORTH STE 100
City-St-Zip: CLEARWATER, FL 33764

Title: MGR () Delete
Name: FISHMAN, MORRIS
Address: 17755 US HIGHWAY 19 NORTH STE 100
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MORRIS FISHMAN

MGR

01/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date