

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000103339

**Entity Name:** BLUE RIBBON MD, LLC**Current Principal Place of Business:**741 BELAIR CT  
NAPLES, FL 34103**Current Mailing Address:**741 BELAIR CT  
NAPLES, FL 34103 US**FEI Number:** 45-3201537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KANG, BYUNG S  
741 BELAIR CT  
NAPLES, FL 34103 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KANG, BYUNG S  
Address 741 BELAIR CT  
City-State-Zip: NAPLES FL 34103

Title MGRM  
Name GARFEIN, EVAN  
Address 800 WEST END AVE APT 3D  
City-State-Zip: NEW YORK NY 10025

Title MGRM  
Name CARTY, MARCY  
Address 17 LANDGRANE ST  
City-State-Zip: QUINCY MA 02171

Title MGRM  
Name BROOK, ALLAN  
Address 49 WRIGHTS MILL RD  
City-State-Zip: ARMONK NY 10504

Title MGRM  
Name GELLER, DAVID  
Address 595 WEST END AVE APT 7C  
City-State-Zip: NEW YORK NY 10024

Title MGRM  
Name FERZOCO, STEPHEN  
Address 18 BENVENUE ST  
City-State-Zip: WELLESLEY MA 02482

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BYUNG S. KANG****MGRM****04/22/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date