

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90052 012 \*\*\*\*55.00

**DOCUMENT # L00000003656**

1. Entity Name

**BLUE RIVER, LLC**

Principal Place of Business

**444 BRICKELL AVENUE, SUITE #210  
 MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVENUE, SUITE #210  
 MIAMI FL 33131**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1078318**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**RJF CORPORATE SERVICES, INC.  
 200 SOUTH BISCAYNE BLVD., STE 410  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **OSCAR RODRIGUEZ**

Street Address (P.O. Box Number is Not Acceptable)

**444 Brickell Ave. Suite 210**

City **Miami**

FL

Zip Code **33131**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**03/07/2002**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **RODRIGUEZ VELASCO, OSCAR**  
 STREET ADDRESS **445 GRAND BAY DRIVE #1101**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Rodriguez Velasco, Oscar**  
 STREET ADDRESS **444 Brickell Ave # 210**  
 CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

**02/04/2002**

**3053920095**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)