## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L00000008676

BLUE HORSE HOLDINGS, LLC

Principal Place of Bu	usiness	Mailing Address					
9719 PARKVIEW AVE BOCA RATON FL 334		9719 PARKVIEW AVENUE BOCA RATON FL 33428					
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State	· · · · · · · · · · · · · · · · · · ·				
Zip	Country	Zip	Country				

## **FILED** Jun 25, 2002 8:00 am Secretary of State 06-25-2002 90441 004 \*\*\*\*50.00

Principal Place of Business Mailing Address											
9719 PARKVIEW AVENUE BOCA RATON FL 33428		971	9719 PARKVIEW AVENUE BOCA RATON FL 33428			li li					
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2. Principal Place of Business		3. N	3. Mailing Address								
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  G: Name and Address of Currer  LICHTMAN, JONATHAN J P.A. 4800 N. FEDERAL HWY., SUITE D-1: SANCTUARY CENTRE BOCA RATON FL 33431  8. The above named entity submits this statement is SIGNATURE  Signature, typed or printed name of registered ager  MANAGING MEMB  STITLE MGR EINAUGLER, BARRETT 97 19 PARKVIEW AVENUE BOCA RATON FL 33428  MILLE MGR EINAUGLER, RICHARD 100 SPOONBILL ROAD MANALAPAN FL 33462  TITLE NAME STREET ADDRESS CITY-ST-ZIP MANALAPAN FL 33462		s	Suite, Apt. #, etc.  City & State				DO NOT WRITE IN THIS SPACE  4. FEI Number 65-1036658 Applied For				
		C				4. FEI I					
Zip Country		Zi	p	itry	5. Certificate of Status Desired 55.00		\$5.00 Ac	Not Applicable  Additional			
	- 6. Name and Address of	Current Registe	ered Agent	_		7. Nam	e and Address of Ne	w Registered	Fee Requir	ea	
110	LITERAL IONIATURAL I D.A.				Name			giotorot	- Ageint		
4800 N. FEDERAL HWY., SUITE D-100			Street Address (P.O. Box Number is Not Acceptable)								
					City	·	•	F	Zip Cod	de	
8. The above	named entity submits this state	ement for the pu	rpose of changing its i	egistere	ed office or reg	istered agent,	or both, in the State of	Florida.			
SIGNATURE					1100						
SIGNATURE .	Signature, typed or printed name of registe	ered agent and title if a	pplicable. (NOTE:	Registered	Agent signature rec	quired when reinstat	ing)	DATE			
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I hereby certify that the information sopplies and indicated on this report is true and accurate and indicated on this report is true and accurate and indicated on this report or the repeater or truestee. not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes. limited liability company or the r

**SIGNATURE:** 

SIGNATURE AND TYPES OR PRINTED