

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014425

FILED
Jan 12, 2006
Secretary of State

Entity Name: BLUE MARLIN PROPERTIES, L.L.C.

Current Principal Place of Business:

916 CLINT MOORE RD
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

2901 CLINT MOORE RD
A12
BOCA RATON, FL 33496

New Mailing Address:

2901 CLINT MOORE RD
412
BOCA RATON, FL 33496

FEI Number: 65-1056659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, SCOTT
916 CLINT MOORE RD
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLICKER, MARK
Address: 6688 PORTSIDE DR.
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM () Delete
Name: SCHNEIDER, SCOTT
Address: 7975 YORKSHIRE CT.
City-St-Zip: BOCA RATION, FL 33496

Title: MGRM () Delete
Name: PUDER, MICHAEL
Address: 5235 PRINCETON WAY
City-St-Zip: BOCA RATON, FL 33496

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT SCHNEIDER

MGMR

01/12/2006

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