

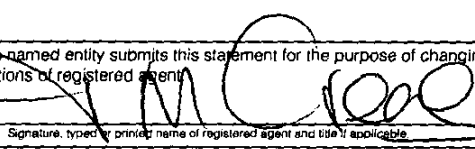
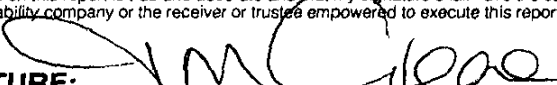


FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 042 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000004017 1. Entity Name BLUE LLC					
Principal Place of Business 5604 N. ATLANTIC AVE COCOA BEACH, FL 32931				Mailing Address 5604 N. ATLANTIC AVE COCOA BEACH, FL 32931	
2. Principal Place of Business 6500 N. Atlantic Ave. Suite, Apt. #, etc. Ste. B City & State Cape Canaveral, FL Zip 32920 Country USA		3. Mailing Address 6500 N. Atlantic Ave. Suite, Apt. #, etc. Ste. B City & State Cape Canaveral, FL Zip 32920 Country USA		20020372 	
03222006 Chg-LLC CR2E083 (11/05)				4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GREENE, JANICE M 5604 N. ATLANTIC AVE COCOA BEACH, FL 32931			7. Name and Address of New Registered Agent Name GREENE, JANICE M. Street Address (P.O. Box Number is Not Acceptable) 6500 N. Atlantic Ave., Ste. B City Cape Canaveral FL Zip Code 32920		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/22/06. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, MARTIN 5604 N. ATLANTIC AVE COCOA BEACH, FL 32931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, MARTIN 6500 N. ATLANTIC AVE., Ste. B CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, JANICE 5606 N. ATLANTIC AVE. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENE, JANICE 6500 N. ATLANTIC AVE., Ste. B CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date 3/22/06 Daytime Phone # 799-0799		