

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90182 025 ****50.00

DOCUMENT # L01000004751

1. Entity Name
BLEU VISTA, L.L.C.



Principal Place of Business

**3191 CORAL WAY
SUITE 300
MIAMI, FL 33145**

Mailing Address

**3191 CORAL WAY
SUITE 300
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



04082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1098287

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAUSER, JAMES A ESQ.
3191 CORAL WAY
SUITE 300
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORTE, JOHN 3191 CORAL WAY MIAMI, FL 33145
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IN THIS SPACE**

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

(JOHN FORTE)

Date

Daytime Phone #

4/8/04 (305) 445-5511