

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011711

**FILED**  
**Jan 31, 2006**  
**Secretary of State**

**Entity Name:** BLUE STAR HOLDING, LLC

**Current Principal Place of Business:**

2875 N.E. 191 ST. SUITE 903A  
604  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 N.E. 191 ST. SUITE 903A  
604  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:** 65-1122093      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, MOSHE  
2875 NE 191ST STREET, SUITE 903A  
AVENTURA, FL 33180 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: A.S.O.M., LLC,  
Address: 2875 N.E. 191 ST.  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: THE CHEM GROUP, LLC,  
Address: 350 MESEROLE STREET  
City-St-Zip: BROOKLYN, NY 11206

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: A.S.D.M., LLC,  
Address: 2875 N.E. 191 ST.  
City-St-Zip: AVENTURA, FL 33180

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: MOSHE SCHWARTZ

MGR

01/31/2006

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