

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012305

Entity Name: BLUE LEAF, LLC

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

208 JEFFERSON AVENUE
#116
MIAMI BEACH, FL 33139

New Principal Place of Business:

601 COLLINS AVENUE
SUITE A
MIAMI BEACH, FL 33139

Current Mailing Address:

208 JEFFERSON AVENUE
#116
MIAMI BEACH, FL 33139

New Mailing Address:

P.O BOX 190239
MIAMI BEACH, FL 33119

FEI Number: 65-1125678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINIQUE, BAILLEUL
208 JEFFERSON AVENUE
116
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

DOMINIQUE, BAILLEUL
601 COLLINS AVENUE
SUITE A
MIAMI BEACH, FL 33139 US

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: DOMINIQUE BAILLEUL

04/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: JOHNSON, DAVID C MGR
Address: 208 JEFFERSON AVENUE # 114
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGR () Delete
Name: BAILLEUL, DOMINIQUE F MGR
Address: 208 JEFFERSON AVENUE # 116
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

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 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: DOMINIQUE BAILLEUL

MGR

04/15/2008

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