

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **L01000015518**

1. Entity Name

BLUECHIP INTERNATIONAL LLC**FILED**
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90937 001 ***450.00

0001426

Principal Place of Business

**1333 NORTH DUVAL STREET
TALLAHASSEE FL 32302**

Mailing Address

**1333 NORTH DUVAL STREET
TALLAHASSEE FL 32302****94334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA FILING & SEARCH SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE FL 32302**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**MGR
CAVENDISH MANAGEMENT LLC
1000 CONNECTICUT AVE. N.W. SUITE 1020
WASHINGTON DC 20036**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

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 liquidator of the entity for which this report is required by Chapter 608, Florida Statutes.

SIGNATURE:

CAVENDISH MANAGEMENT LLC**+442075149912**

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

Date

Daytime Phone #

CR2E083 (9/01)