

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021154

FILED
Feb 28, 2006
Secretary of State

Entity Name: BLUE DOT PERFORMANCE, LLC

Current Principal Place of Business:

3500 N.W. BOCA RATON BLVD., STE. 501
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3500 N.W. BOCA RATON BLVD., STE. 504
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 90-0000497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KEM E. ASST
3500 NW BOCA RATON BLVD
STE. 504
BOCA RATON, FL 33431 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: ZAKAK, TAWFIK
Address: 3500 N.W. BOCA RATON BLVD., STE. 504
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: KOTZIG, IVAN
Address: 3500 NW BOCA RATON BLVD, STE 504
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: KOTLAR, ANTONIO
Address: 3500 NW BOCA RATON BLVD, STE 504
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: TAWFIK ZAKAK

MGRM

02/28/2006

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