
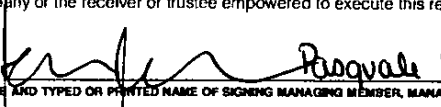


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90038 020 \*\*\*\*50.00

<b>DOCUMENT # L02000010884</b> 1. Entity Name <b>BLUE DEVELOPER PARTNERS, LLC</b>					
Principal Place of Business <b>3052 S.W. 27TH AVENUE, STE. 101 COCONUT GROVE, FL 33133</b>				Mailing Address <b>3052 S.W. 27TH AVENUE, STE. 101 COCONUT GROVE, FL 33133</b>	
2. Principal Place of Business <b>2200 SOUTH DIXIE HWY</b>		3. Mailing Address <b>2200 SOUTH DIXIE HWY</b>			
Suite, Apt. #, etc. <b>SUITE # 705</b>		Suite, Apt. #, etc. <b>SUITE # 705</b>			
City & State <b>COCONUT GROVE, FL</b>		City & State <b>COCONUT GROVE, FL</b>			
Zip <b>33133</b>		Country <b>DADE</b>		Zip <b>33133</b>	
Country <b>DADE</b>		4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LESTER, PAUL A 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RENZI, RENZO 3052 S.W. 27TH AVENUE, STE. 101 COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RENZI, RENZO 201 GRANDON BLD #163 KEY BISCAYNE, FL 33149</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RENZI, PASQUALE 3052 S.W. 27TH AVENUE, STE. 101 COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RENZI, PASQUALE 7120 WEST LAGO DRIVE CORAL GABLES, FL 33143</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> 			<b>4/15/05</b>		<b>305-858-2286</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>

14002281



04182005 Chg-LLC CR2E083 (10/03)