2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L02000010884

Entity Name: BLUE DEVELOPER PARTNERS, LLC

Current Principal Place of Business:

2200 S DIXIE HWY
STE 205
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

2200 S DIXIE HWY
STE 705
COCONUT GROVE, FL 33133 US

Current Mailing Address:

2200 S DIXIE HWY
STE 205
COCONUT GROVE, FL 33133 US

New Mailing Address:

2200 S DIXIE HWY
STE 705
COCONUT GROVE, FL 33133 US

FEI Number: 83-0407950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESTER, PAUL A
201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: RENZI, RENZO
Address: 201 GRANDON BLVD #163
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete
Name: RENZI, PASQUALE
Address: 7120 WEST LAGO DR
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RENZI, RENZO
Address: 2200 S DIXIE HWAY SUITE 705
City-St-Zip: MIAMI, FL 33133

Title: MGR (X) Change ( ) Addition
Name: RENZI, PASQUALE
Address: 2200 SOUTH DIXIE HWAY SUITE 705
City-St-Zip: MIAMI, FL 33143

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: RENZO RENZI MGRM 04/21/2006

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