

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000011863

Entity Name: BLUECHIP LLC

FILED
Feb 22, 2003
Secretary of State

Current Principal Place of Business:

13740 SW 18 TERRACE
MIAMI, FL 33175

New Principal Place of Business:

13958 KENDALE LAKES DRIVE
MIAMI, FL 33183

Current Mailing Address:

13740 SW 18 TERRACE
MIAMI, FL 33175

New Mailing Address:

13958 KENDALE LAKES DRIVE
MIAMI, FL 33183

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLIVA, LESTER
13740 SW 18 TERRACE
MIAMI, FL 33175 US

Name and Address of New Registered Agent:

OLIVA, LESTER
13958 KENDALE LAKES DRIVE
MIAMI, FL 33183 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: LESTER OLIVA

02/22/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: OLIVA, LESTER
Address: 13740 SW 18 TERRACE
City-St-Zip: MIAMI, FL 33175

Title: MGRM () Delete
Name: SOLIS, NORMA
Address: 13740 SW 18 TERRACE
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIVA, LESTER
Address: 13958 KENDALE LAKES DRIVE
City-St-Zip: MIAMI, FL 33183

Title: MGRM (X) Change () Addition
Name: SOLIS, NORMA
Address: 13958 KENDALE LAKES DRIVE
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESTER OLIVA

MGMR

02/22/2003

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