
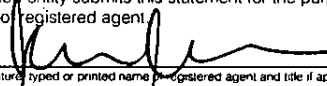



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90103 023 ****50.00

DOCUMENT # L02000019420 1. Entity Name THE BLUE ON CORAL WAY, L.L.C.					
Principal Place of Business 3052 S.W. 27 AVENUE #101 MIAMI, FL 33133			Mailing Address 3052 S.W. 27 AVENUE #101 MIAMI, FL 33133		
2. Principal Place of Business 2200 South Dixie Hwy Suite, Apt. #, etc. Suite # 705 City & State Coconut Grove, FL Zip 33133 Country Dade			3. Mailing Address 2200 South Dixie Hwy Suite, Apt. #, etc. Suite # 705 City & State Coconut Grove, FL Zip 33133 Country Dade		
4. FEI Number 55-0794132			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent PASQUALE, RENZI 3052 SW 27TH AVENUE #101 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Pasquale Renzi Street Address (P.O. Box Number is Not Acceptable) 2200 South Dixie Hwy Suite # 705 City Coconut Grove, FL Zip Code 33133		
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  Pasquale Renzi DATE 4/15/05 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RENZI HOLDINGS INC 3052 SW 27 AVE. #101 MIAMI, FL 33133 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renzi Holdings, Inc. 2200 South Dixie Hwy. Suite # 705 Coconut Grove, FL 33133 <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	
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.					
SIGNATURE:  Pasquale Renzi <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/15/05 Daytime Phone # 305-858-2286		

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