

**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

20045529

2. Principal Place of Business
2200 South Dixie Hwy
Suite # 705
City & State
Coconut Grove, FL
Zip 33133 Country Dade

3. Mailing Address
2200 South Dixie Hwy
Suite # 705
City & State
Coconut Grove, FL
Zip 33133 Country Dade

04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 55-0794132	Applied For 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

4/15/05

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	P	<input type="checkbox"/> Delete	TITLE Renzi Holdings, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENZI HOLDINGS INC		STREET ADDRESS 2200 South Dixie Hwy. Suite # 705
STREET ADDRESS	3052 SW 27 AVE. #101		CITY-ST-ZIP Coconut Grove, FL 33133
CITY-ST-ZIP	MIAMI, FL 33133		
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/05 305-858-2286

Date

Daytime Phone #