

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90204 002 ****50.00

DOCUMENT # L02000019611 1. Entity Name PURPLE BLUE, L.L.C.					
Principal Place of Business 3637 4TH STREET NORTH, SUITE 480 ST PETERSBURG, FL 33704			Mailing Address 3637 4TH STREET NORTH, SUITE 480 ST PETERSBURG, FL 33704		
2. Principal Place of Business 450 TREASURE ISLD CSWY		3. Mailing Address 450 TREASURE ISLD CSWY			
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308			
City & State TREASURE ISLD.		City & State TREASURE ISLD, FL		4. FEI Number 56-2286736	
Zip 33706		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33706		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LEFLOCH, EUGENE ESQ 1311 N WESTSHORE BLVD #205 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name ISIS-DELOMEZ Street Address (P.O. Box Number is Not Acceptable) 450 TREASURE ISLD CSWY # 308 City TREASURE ISLD FL Zip Code 33706		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOMEZ, ISIS 3637 4TH STREET NORTH, SUITE 480 ST PETERSBURG, FL 33704		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
10. ADDITIONS/CHANGES					
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: 2/21/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					