## 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000025470			· = :::::::::::::::::::::::::::::::::::	Santana ay	
1. Entity Name BLUE DOT CONSTRUCTION SERVICES L.L.C.				LED	
Principal Place of Business	Mailing Address		200.		
2824 N "A" ST TAMPA, FL 33609	PO BOX 658 Brandon, FL 33509		ZOUY,MAY	18 A 10: 28	
*					
2. Principal Place of Business 2824 W NORTH A ST PO BOX 4789		89			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		03292004 Chg-LLC	CR2E083 (10/03)	
TAMPA FL City & State TAMPA FL			4. FEI Number 72-1551864	Applied For 1 Not Applicable	
33609 Country U.S.A	33677	U-SA.	5. Certificate of Status Desired	S5.00 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New R	egistered Agent	
LEVY, NESE M			(P.O. Box Number is Not Acceptable	<u> </u>	
2824 N "A" ST. TAMPA, FL 33609		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		City		FL Zip Code	
8. The above named entity submits this statement for the obligations of pagistered agent.	or the purpose of changing its reg	istered office or registe	red agent, or both, in the State of Flo	rida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable (NOTE Re	gistered Agent signature require	d when reinslating)	29/04 DATE	
		garage and a second	- 10		
Amended AR is \$50.00			The state of the s	e check payable to Department of State	
the second respective to the second	<u> </u>	-មេក 1 គ្រឹក្សាស្រួ	the spin carting state of		
MANAGING MEMBI	ERS/MANAGERS	TITLE	ADDITIONS/	CHANGES  Change Addition	
NAME LEVY, NESE M	_ Dates	NAME	£000971		
STREET ADDRESS 2824 N. "A" ST CITY-ST-ZIP TAMPA, FL 33609		STREET ADDRESS City-St-Zip	6000373 05/25/0401068	3001 ***5.00	
TITLE MGR	☐ Delete	TITLE -		Change	
NAME BUCKLEY, BENJAMIN K	·	NAME ATTECT LODDEGO			
STREET ADDRESS 2824 N. "A" ST CITY-ST-ZIP TAMPA, FL 33609		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS		NAME STREÉT ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-\$1-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE	Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME Street address			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	Delete	TITLE NAME	•	Change Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		City-ST-ZIP		LE LANC COMPANY OF THE STREET	
11. Thereby certify that the information supplied with indicated on this report is true and accurate and interest the research.	that my signature shall have the	same legal effect as if.	made under oath; that I am a manac	I further certify that the information	
fimited liability company or the receiver or truste	e empowered to execute this rep	on as required by Chaj	\$ /29/nV :: 8	13.4777795	
SIGNATURE:		ER, OR AUTHORIZED REPRES	7-(10-7	Omytime Phone #	