

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029422

FILED
Apr 26, 2004
Secretary of State

Entity Name: BLUE CRANE, L.L.C.

Current Principal Place of Business:

128 ORION CIRCLE
JUPITER, FL 33477

New Principal Place of Business:

177 N. U.S. HIGHWAY ONE #252
TEQUESTA, FL 33469

Current Mailing Address:

128 ORION CIRCLE
JUPITER, FL 33477

New Mailing Address:

177 N. U.S. HIGHWAY ONE #252
TEQUESTA, FL 33469

FEI Number: 27-0039902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGLE, GARY J
14255 U.S. HIGHWAY 1 SUITE 223
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LOESCH, KAREN R
Address: 128 ORION CIRCLE
City-St-Zip: JUPITER, FL 33477

Title: MGRM () Delete
Name: LOESCH, ROBERT M
Address: 128 ORION CIRCLE
City-St-Zip: JUPITER, FL 33477

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOESCH, KAREN R
Address: 177 N. U.S. HIGHWAY ONE #252
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM (X) Change () Addition
Name: LOESCH, ROBERT M
Address: 177 N. U.S. HIGHWAY ONE #252
City-St-Zip: TEQUESTA, FL 33469

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: ROBERT M. LOESCH

MGRM

04/26/2004

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