

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000003643

1. Entity Name
BLUE ROCK INVESTMENTS, LLC



Principal Place of Business

**4041 N. 41ST STREET
HOLLYWOOD, FL 33021 US**

Mailing Address

**4041 N. 41ST STREET
HOLLYWOOD, FL 33021 US**

DO NOT WRITE IN THIS SPACE



04082005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

68-0538977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLUTSKY, HERMAN M
4041 N. 41ST STREET
HOLLYWOOD, FL 33021**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

U000000299740
04/11/05-80123-001 50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SCHOENBERG, N. LEE
6160 SW 42ND COURT
DAVIE, FL 33314**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SLUTSKY, HERMAN M
4041 N. 41ST STREET
HOLLYWOOD, FL 33021**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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:

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

Date

Daytime Phone #

[Signature] **HERMAN SLUTSKY** 4/9/05 (954) 966-7889