


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000004361  
1. Entity Name  
BLUE RIVER MANAGEMENT, LLC



Principal Place of Business 609 S. ATLANTIC DR. LANTANA, FL 33462 US	Mailing Address 609 S. ATLANTIC DR. LANTANA, FL 33462 US
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**DO NOT WRITE IN THIS SPACE**



04092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3765999	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  
COVE, HARVEY  
609 S. ATLANTIC DR.  
LANTANA, FL 33462

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVE, HARVEY 609 S. ATLANTIC DR. LAKE WORTH, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVE, ROSEMARY 609 S. ATLANTIC DRIVE LAKE WORTH, FL 33462
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U00000336222  
04/27/05-80117-003 50.00

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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: *Harvey Cove* HARVEY COVE 4/27/05 561650770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #