

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008290

Entity Name: 1493 BLUE POINT, LLC

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

1493 BLUE POINT AVENUE
NAPLES, FL 34102

New Principal Place of Business:

1493 BLUE POINT AVENUE
NAPLES, FL 34102 US

Current Mailing Address:

1493 BLUE POINT AVENUE
NAPLES, FL 34102

New Mailing Address:

1493 BLUE POINT AVENUE
NAPLES, FL 34102 US

FEI Number: 42-1616223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAMBUCCI, THOMAS J
1493 BLUE POINT AVENUE
NAPLES, FL 34102 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/MANAGERS:

Title: MBR () Delete
Name: DUCKWALL, ELAINE T MBR
Address: 500 COUNTY ROAD B-WEST, APT. 316
City-St-Zip: ROSEVILLE, MN 55113 US

Title: MBR () Delete
Name: DUCKWALL, JOHN A MBR
Address: 973 COUNTY ROAD D-EAST
City-St-Zip: ST. PAUL, MN 55109 US

Title: MGRM () Delete
Name: GAMBUCCI, THOMAS J MGRM
Address: 1493 BLUE POINT AVENUE
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS GAMBUCCI

MGRM

04/12/2006

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