

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000017028**

1. Entity Name  
**BLUE ROCK, LLC**



Principal Place of Business  
**20201 E COUNTRY CLUB DRIVE  
2310  
MIAMI, FL 33180**

Mailing Address  
**20201 E COUNTRY CLUB DRIVE  
2310  
MIAMI, FL 33180**



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**43-2018193**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KORN, GARY  
20801 BISCAYNE BLVD STE 501  
AVENTURA, FL 33180**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DARER, OSCAR
STREET ADDRESS	20201 E COUNTRY CLUB DRIVE UNIT 2310
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGRM
NAME	DARER, EDUARDO
STREET ADDRESS	20201 E COUNTRY CLUB DRIVE UNIT 2310
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	MGR
NAME	DARER, SARITA
STREET ADDRESS	20201 E COUNTRY CLUB DRIVE UNIT 2310
CITY-ST-ZIP	AVENURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000708954  
04/24/07-80136-003 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/11/07

Date

305 9362781

Daytime Phone #