2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE:

Mar 19, 2004 8:00 am Secretary of State **DOCUMENT # L03000017089** 03-19-2004 90273 035 ****50.00 1. Entity Name BLUÉVIEW, L.L.C. Principal Place of Business Mailing Address **640866.** 18767 BISCAYNE BLVD. 18767 BISCAYNE BLVD. MIAMI, FL 33180 MIAMI, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 CR2E083 (10/03) Chg-LLC Applied For 4. FEI Number City & State City & State 20-0731991 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name M & W AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD., STE. 107 BOCA RATON, FL 33431 Zip Code 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, 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, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. ☐ Change TITLE ☐ Defete TITLE ** Addition MGRM ABRAHAM COHEN NAME NAME STREET ADDRESS STREET ADDRESS 18767 BISCAYNE BLYD CHY-ST-7IP CITY-ST-ZIP AVENTURA, FL 33180 Delete ☐ Change TITLE TITLE Addition MGRM NAME NAME JERRY KAUTMAN STREET ADDRESS STREET ADDRESS 18767 BIS CAYNE BLYD CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or manager appropriate to execute this report as required by Chapter 608. Florida Statutes.

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

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