


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90273 035 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |  |                                                                          |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--|--------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000017089</b><br>1. Entity Name<br><b>BLUEVIEW, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |  |                                                                          |                                                     |  |
| Principal Place of Business<br><b>18767 BISCAYNE BLVD.<br/>MIAMI, FL 33180</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |  | Mailing Address<br><b>18767 BISCAYNE BLVD.<br/>MIAMI, FL 33180</b>       |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |                                                                                                                                      |  |
| 01132004 Chg-LLC CR2E083 (10/03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |  | 4. FEI Number<br><b>20-0731991</b>                                       |                                                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |  | Applied For<br><input type="checkbox"/> Not Applicable                   |                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>M &amp; W AGENTS, INC.<br/>2101 CORPORATE BLVD., STE. 107<br/>BOCA RATON, FL 33431</b>                                                                                                                                                                                                                                                                                                                                                                  |                                            |  |                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |  |                                                                          |                                                                                                                                      |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |  |                                                                          | <b>Make check payable to<br/>Florida Department of State</b>                                                                         |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |  | 10. ADDITIONS/CHANGES                                                    |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| 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. |                                            |  |                                                                          |                                                                                                                                      |  |
| <b>SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |  | Date <b>3.16.04</b> Daytime Phone # <b>305-932-4800</b>                  |                                                                                                                                      |  |