## 2006 LIMITED LIABILITY COMPANY

## **FILED** Apr 06, 2006 08:00 AM Secretary of State

DOCUMENT #	¥ L	.03000	001	7338
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1. Entity Name BLUE LAKE HOLDINGS, LLC



US

Principal Place of Business

1501 SW 18TH TERRACE FT. LAUDERDALE, FL 33312 US Mailing Address

1501 SW 18TH TERRACE FT. LAUDERDALE, FL 33312



## DO NOT WRITE IN THIS SPACE

3102006 No Chg-LLC	CR2E083 (11/05)

4. FE) Number 30-0179862 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ISRAFI, MARILYN R

CITY-ST-ZIP

1501 SW 18TH TERRACE FT. LAUDERDALE, FL 33312		1	IN THIS SPACE		
the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office of registered agent, or be	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and life if applicable	(NOTE Registered Agent signature required when reinstaling)	DATE		
F!	iling Fee is \$50.00 ue by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZP	MGRM ISRAEL, MARILYN R 1501 SW 18TH TERRACE FT. LAUDERDALE, FL 33312				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		HUÜDÜÜ495364 H4/21/U6-80007-013 50.00		
THE NAME STREET ADDRESS CAPY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. <del>-</del>	in	THIS SPACE		
TITLE NAME STREET ADORESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 it 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 606, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #