

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90036 039 \*\*\*\*50.00

**DOCUMENT # L03000017338**

1. Entity Name  
**BLUE LAKE HOLDINGS, LLC**



Principal Place of Business  
**1501 SW 18TH TERRACE  
FT. LAUDERDALE, FL 33312 US**

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**30-0179862**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISRAEL, MARILYN R  
1501 SW 18TH TERRACE  
FT. LAUDERDALE, FL 33312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
ISRAEL, MARILYN R  
1501 SW 18TH TERRACE  
FT. LAUDERDALE, FL 33312**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Secretary  
Israel, Marilyn R  
1501 SW 18th Terrace  
Ft. Lauderdale, FL 33312**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM  
Israel, Sheila E  
757 SW 33rd Street  
Palm City, FL 34990**

☐ Change ☒ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Sheila E. Israel*  
1/25/07