



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-19-2004 90271 013 ****55.00

DOCUMENT # L03000017660 1. Entity Name BLUEFIN PROPERTIES, L.L.C.					
Principal Place of Business 761 HERNANDO DRIVE MARCO ISLAND, FL 34145			Mailing Address 761 HERNANDO DRIVE MARCO ISLAND, FL 34145		
2. Principal Place of Business 411 SPINNAKER DR. Suite, Apt. #, etc.		3. Mailing Address 411 SPINNAKER DR. Suite, Apt. #, etc.			
City & State MARCO ISLAND, FL		City & State MARCO ISLAND, FL		03162004 Chg-LLC CR2E083 (10/03)	
Zip 34145		Country COLLIER		4. FEI Number 510 468 496	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent WOODWARD, CRAIG R 606 BALD EAGLE DRIVE, STE. 500 MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent 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 _____ (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			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURKO, MICHAEL C 761 HERNANDO DRIVE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURKO, BARBARA L 761 HERNANDO DRIVE MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, PATRICK T 5376 BEACH ROAD TROY, MI 48098	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, VIVIAN E 5376 BEACH ROAD TROY, MI 48098	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, VIVIAN E 5376 BEACH ROAD TROY, MI 48098	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, VIVIAN E 5376 BEACH ROAD TROY, MI 48098	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, VIVIAN E 5376 BEACH ROAD TROY, MI 48098	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, VIVIAN E 5376 BEACH ROAD TROY, MI 48098	<input type="checkbox"/> Delete			
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.					
SIGNATURE: <u>Michael C. Kurko</u> MICHAEL C. KURKO 3/16/04 239-394-2679					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					