

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000017660</b>	
1. Entity Name <b>BLUEFIN PROPERTIES, L.L.C.</b>	
Principal Place of Business <b>411 SPINNAKER DR. MARCO ISLAND, FL 34145</b>	Mailing Address <b>411 SPINNAKER DR. MARCO ISLAND, FL 34145</b>



03052007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0468496</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent  <b>WOODWARD, CRAIG R 606 BALD EAGLE DRIVE, STE. 500 MARCO ISLAND, FL 34145</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURKO, MICHAEL C 411 SPINNAKER DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KURKO, BARBARA L 411 SPINNAKER DR. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, PATRICK T 5376 BEACH ROAD TROY, MI 48098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCTIGUE, VIVIAN E 5376 BEACH ROAD TROY, MI 48098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/07-80016-013 55.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**MICHAEL C. KURKO, MANAGER**

Date

Daytime Phone #

279-343-  
2384