

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 MAY 25 AM 3:58

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000022421

1. Entity Name  
BLUE HEN, LC



Principal Place of Business  
440 NORTH ANDREWS AVE.  
FT LAUDERDALE, FL 33301

Mailing Address  
440 NORTH ANDREWS AVE.  
FT LAUDERDALE, FL 33301



2. Principal Place of Business

120 Presidential Way

Suite, Apt. #, etc.  
Suite 300

City & State  
Woburn, MA

Zip  
01801

Country  
USA

3. Mailing Address

120 Presidential Way

Suite, Apt. #, etc.  
Suite 300

City & State  
Woburn, MA

Zip  
01801

Country  
USA

05252004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
56-2395960

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301

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

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 September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME KELLY, BRIAN J ☐ Delete  
STREET ADDRESS 120 PRESIDENTIAL WAY STE. 300  
CITY-ST-ZIP WOBURN, MA 01801

TITLE MGR  
NAME DOHERTY, DANIEL J III ☐ Delete  
STREET ADDRESS 120 PRESIDENTIAL WAY STE. 300  
CITY-ST-ZIP WOBURN, MA 01801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500037346005  
CITY-ST-ZIP 05/26/04--01056--003 \*\*\$5.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-25-04