2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000022994

1. Entity Name **BLUE DOOR LLC**



FILED Feb 15, 2006 08:00 AM Secretary of State

Principal Place of Business

550 SOUTH SHORE DR. MIAMI BEACH, FL 33141 Mailing Address

550 SOUTH SHORE DR. MIAMI BEACH, FL 33141



DO NOT WRITE IN THIS SPACE

02132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0056429 Applied For Not Applicable

accept

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

FUERTES, RONALD J SEA SOUTH SHORE DD

DO NOT WRITE

MIAMI BEACH, FL 33141		IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	inging its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and	
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable	(NOTE. Registered Agent signature required when reinstating	DATE	
Fi Di	lling Fee is \$50.00 ue by May 1, 2086			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUERTES, RONALD J 550 S. SHORE DRIVE MIAMI BEACH, FL 33141			
TITLE NAME STREET ADDRESS CHY-SI-ZIP			UNONO0434536 02/25/06-80006-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	DO NOT WRITE	
TITLE NAME STREET ADDRESS		IN	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 rive 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 report of total control of the same required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP