## ANNUAL REPORT

## **DOCUMENT # L03000028986**



FILED

Apr 09, 2004 8:00 am Secretary of State BLUÉ BRICK, LLC 04-09-2004 90216 017 \*\*\*\*50.00 Mailing Address Principal Place of Business 3900 OCEANSHORE BLVD., UNIT 402 3900 OCEANSHORE BLVD., UNIT 402 ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176 გისესასა 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E083 (10/03) Chg-LLC Applied For City & State 4. FEI Number City & State X Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired  $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BORNS, LAWRENCE W ESQ** Street Address (P.O. Box Number is Not Acceptable) **412 N. HALIFAX AVENUE** DAYTONA BEACH, FL 32118 Zip Code City 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. **MGRM** Change ☐ Addition ☐ Delete TITLE TITS F STURDY, CHRISTOPHER O NAME STREET ADDRESS 3900 OCEANSHORE BLVD., UNIT 402 STREET ADDRESS ORMOND BEACH, FL 32176 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete ПΠЕ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 1. 18.29

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP