
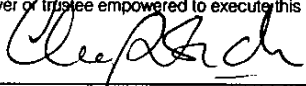


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90179 045 \*\*\*\*50.00

<b>DOCUMENT # L03000028986</b> 1. Entity Name <b>BLUE BRICK, LLC</b>					
Principal Place of Business <b>3900 OCEANSHORE BLVD., UNIT 402 ORMOND BEACH, FL 32176</b>			Mailing Address <b>3900 OCEANSHORE BLVD., UNIT 402 ORMOND BEACH, FL 32176</b>		
2. Principal Place of Business - No P.O. Box # <b>101 SOUTH OCEAN AIRE TERRACE</b>		3. Mailing Address <b>101 SOUTH OCEAN AIRE TERRACE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORMOND BEACH FLORIDA</b>		City & State <b>ORMOND BEACH FLORIDA</b>			
Zip <b>32176</b>	Country <b>USA</b>	Zip <b>32176</b>	Country <b>USA.</b>		
4. FEI Number <b>NOT APPLICABLE</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>BORNS, LAWRENCE W ESQ 412 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM STURDY, CHRISTOPHER O 3900 OCEANSHORE BLVD., UNIT 402 ORMOND BEACH, FL 32176</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>22 MARCH 2007 (386) 441 8552</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		