2008 LIMÍTED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000052036

BLUELINE PROPERTIES, LLC

FILED Feb 08, 2008 08:00 AN **Secretary of State**

Principal Place of Business

Mailing Address

4611 107TH CIRCLE N CLEARWATER, FL 33762 US **4611 107TH CIRCLE N**

CLEARWATER, FL 33762



DO NOT WRITE IN THIS SPACE

01212008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0467149

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANARO, STEVE 4611 107TH CIRCLE N CLEARWATER, FL 33762

DO NOT WRITE

OLLANVIA	(IEN, IE 33702	IN THIS SPACE
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 registored agent and title if applicable. (NOTE, Registered Agent aignature required when reinstating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANARO, STEVE 4611 107TH CIRCLE N CLEARWATER, FL 33762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	U00000821430 02/19/08-80023-014 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		,

11. I hereby certify that the information supplied with this filling 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 accurage 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 exemptions of the limited liability company or the exemptions are required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF