

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-02-2005 90016 025 ****50.00

DOCUMENT # L04000012488 1. Entity Name BLUE ROCK PARTNERS, LLC			
Principal Place of Business 4217 ANNE CT MIAMI FL 33133		Mailing Address 4217 ANNE CT MIAMI FL 33133	
2. Principal Place of Business 8402 Laurel Fair Cir Suite, Apt. #, etc. Suite 205 City & State Tampa FL		3. Mailing Address 8402 Laurel Fair Cir Suite, Apt. #, etc. 205 City & State Tampa FL	
33610EE Country		Zip 33610 Country USA	
4. FEI Number 50-0754153		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/04)	
6. Name and Address of Current Registered Agent NASH, THOMAS C.II 625 COURT ST, STE 625 CLEARWATER FL 33756		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ODED, REUVEN 4217 ANNE CT MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	