

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015582

Entity Name: LBM BLUE, L.L.C.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.,
SUITE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD.,
SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 56-2439438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO PA
2121 PONCE DE LEON BLVD.
SUITE 240
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL PRATS

01/31/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BONILLA, LUIS
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: AUGUSTO BONILLA, LUIS
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BONILLA, LUIS AUGUSTO
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS BONILLA

MGR

01/31/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date