

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034887

FILED
Apr 13, 2009
Secretary of State

Entity Name: TALENA BLUE, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1099280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SUNRISE PROPERTIES INTL. CORP.
Address: 18839 BISCAYNE BLVD.
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: GOLD COAST FUND, LLC
Address: 18839 BISCAYNE BLVD
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUNRISE PROPERTIES INTL. CORP.
Address: 2121 PONCE DE LEON BLVD STE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change () Addition
Name: GOLD COAST FUND, LLC
Address: 2121 PONCE DE LEON BLVD STE 1050
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: MAURICIO VIVES

MGR

04/13/2009

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