

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000036762

**FILED**  
**May 09, 2007**  
**Secretary of State****Entity Name:** BLUE PARROT PROPERTIES LLC**Current Principal Place of Business:**2512 WHALE HARBOR LANE  
C/O JAMES DECASTRO  
FORT LAUDERDALE, FL 33312**New Principal Place of Business:**265 S FEDERAL HWY  
#154  
DEERFIELD BEACH, FL 33441**Current Mailing Address:**2512 WHALE HARBOR LANE  
C/O JAMES DECASTRO  
FORT LAUDERDALE, FL 33312**New Mailing Address:**265 S FEDERAL HWY  
#154  
DEERFIELD BEACH, FL 33441**FEI Number:** 20-1082218**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DECASTRO, JAMES  
2512 WHALE HARBOR LANE  
FORT LAUDERDALE, FL 33312 US**Name and Address of New Registered Agent:**DECASTRO, JAMES  
265 S FEDERAL HWY  
#154  
DEERFIELD BEACH, FL 33441 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:** JAMES DECASTRO

05/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** DECASTRO, JAMES  
**Address:** 2512 WHALE HARBOR LANE  
**City-St-Zip:** FORT LAUDERDALE, FL 33312**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** DECASTRO, JAMES  
**Address:** 265 S FEDERAL HWY  
**City-St-Zip:** #154, FL 33441

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:** JAMES DECASTRO

MGR

05/09/2007

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