

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041325

FILED
Feb 12, 2009
Secretary of State

Entity Name: BLUEPRINT LLC

Current Principal Place of Business:

18923 N. OSPREY WAY
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

18923 N. OSPREY WAY
JUPITER, FL 33458

New Mailing Address:

FEI Number: 56-2470146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ERIC A
18923 N. OSPREY WAY
JUPITER, FL 33458 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: MILLER, SHAWN B
Address: 27952 HACIENDA VILLAGE DRIVE, #1
City-St-Zip: BONITA SPINGS, FL 34135

Title: PRES () Delete
Name: MILLER, ERIC A
Address: 18923 N. OSPREY WAY
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: MILLER, VICKY
Address: 18923 N. OSPREY WAY
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: MILLER, ERIC A
Address: 18923 N. OSPREY WAY
City-St-Zip: JUPITER, FL 33458

Title: MGRM (X) Change () Addition
Name: MILLER, SHAWN B
Address: 27952 HACIENDA VILLAGE DRIVE
City-St-Zip: BONITA SPINGS, FL 34135

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

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: ERIC A MILLER

PRES

02/12/2009

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