

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060277

Entity Name: BLUE CIRCLE PROPERTIES LLC

FILED  
Feb 07, 2005  
Secretary of State

## Current Principal Place of Business:

19397 SW 65TH STREET  
FORT LAUDERDALE, FL 33322

## New Principal Place of Business:

3800 HILLCREST DR BLDG #25  
APT#1222  
HOLLYWOOD, FL 33021

## Current Mailing Address:

19397 SW 65TH STREET  
FORT LAUDERDALE, FL 33322

## New Mailing Address:

FEI Number: 20-1512606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

XIDIS, PETER  
19397 SW 65TH STREET  
FORT LAUDERDALE, FL 33322      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/MEMBERS:

Title: MGRM ( ) Delete  
Name: XIDIS, PETER  
Address: 19397 SW 65TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33322

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: XIDIS, DIMITRIOS  
Address: 3800 HILLCREST DR APT#1222  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGR ( ) Change (X) Addition  
Name: XIDIS, EVANGELIA  
Address: 3800 HILLCREST DR APT #1222  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DIMITRIOS XIDIS

MGRM

02/07/2005

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