

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90226 009 \*\*\*138.75

**DOCUMENT # L04000073068**

1. Entity Name

BLUE LOTUS ENTERPRISES, LLC



Principal Place of Business

P.O. BOX 141286  
CORAL GABLES, FL 33114

Mailing Address

P.O. BOX 141286  
CORAL GABLES, FL 33114

**60013216**



03032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

74-3131744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CASABLANCA PROPERTIES INC.  
1390 S. DIXIE HIGHWAY, SUITE 2208  
CORAL GABLES, FL 33146

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	FILIPPONE, KRISTINA L
STREET ADDRESS	P.O. BOX 141286
CITY- ST- ZIP	CORAL GABLES, FL 33114
TITLE	MGRM
NAME	MEJIA, BLANCA S
STREET ADDRESS	P.O. BOX 141286
CITY- ST- ZIP	CORAL GABLES, FL 33114
TITLE	MGRM
NAME	VIDA NOVA, LLC
STREET ADDRESS	P.O. BOX 141286
CITY- ST- ZIP	CORAL GABLES, FL 33114
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-3-08**