



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90351 036 ****50.00

DOCUMENT # L04000079962 1. Entity Name BLUE UNICORN INVESTMENTS, L.L.C.					
Principal Place of Business TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180			Mailing Address TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1841500	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SERBER, DANIEL J ESQ. TURNBERRY PLAZA, SUITE 801 2875 N.E. 191ST STREET AVENTURA, FL 33180				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM HARRY DAVIDSON 2875 NE 191ST SUITE 801 AVENTURA FL 33180		
			MGRM VERONICA E. YUSSYN 2875 NE 191ST SUITE 801 AVENTURA FL 33180		
			MGRM ANDREA E. YUSSYN 2875 NE 191ST SUITE 801 AVENTURA FL 33180		
			MGR LORNA GREIFFENSTEIN 2875 NE 191ST SUITE 801 AVENTURA FL 33180		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 608, Florida Statutes.					
SIGNATURE:  ANDREA E. YUSSYN 03/04/03 (305) 932-6262 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					