


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 11 AM 8:34

<b>DOCUMENT # L04000092514</b> 1. Entity Name <b>BLUE LAKES MANAGEMENT, LLC</b>					
Principal Place of Business <b>444 BRICKELL AVENUE SUITE 210 MIAMI, FL 33131</b>			Mailing Address <b>1200 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip                      Country		3. Mailing Address <b>444 Brickell Avenue</b> Suite, Apt. #, etc. <b>210</b> City & State <b>Miami, FLA</b> Zip                      Country <b>33131                      U.S.A.</b>			
4. FEI Number <b>52-2448363</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			04272005    Chg-LLC    CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  <b>AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>GREEN LAKES MANAGERS, LLC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>444 Brickell Avenue Suite 210</b> City <b>Miami,</b> <b>FL</b> Zip Code <b>33131</b>	
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 _____ DATE <b>04/27/2005</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GREEN LAKES MANAGERS LLC. 444 Brickell Avenue, Suite 210 Miami, FLA 33131</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>305-372-5025</b> <b>04/27/2005</b> <small>Date                      Daytime Phone #</small>		