


FILED
May 10, 2007 08:00 AM
Secretary of State

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000009662 1. Entity Name BLUE TRAIL L.L.C.	
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Principal Place of Business 782 N.W. LEJEUNE RD 650 MIAMI, FL 33126	Mailing Address 782 N.W. LEJEUNE RD 650 MIAMI, FL 33126
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04172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2270428	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACOMINO, ANTONIO D
782 N.W. LEJEUNE RD
650
MIAMI, FL 33126**

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RIVAS, ROBERTO
STREET ADDRESS	2970 WEST 84TH STREET BAY#1
CITY-ST-ZIP	HIALEAH, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 608, Florida Statutes.

SIGNATURE:  **ROBERTO RIVAS** 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #