


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000009797
 1. Entity Name
 AZBLUE, LLC



Principal Place of Business
 1265 SE 21ST STREET
 OKEECHOBEE, FL 34974

Mailing Address
 1265 SE 21ST STREET
 OKEECHOBEE, FL 34974

DO NOT WRITE IN THIS SPACE



01282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1917168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KASTEN, JUDITH A
 1265 SE 21ST STREET
 OKEECHOBEE, FL 34974

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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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAMPAGNE LIMITED PARTNERSHIP 8633 E. ONYX AVE. SCOTTSDALE, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KASTEN, JUDITH A 1265 SE 21ST STREET OKEECHOBEE, FL 34974
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 02/18/08-80041-007 138.75

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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: *Judith A. Kasten* Judith A Kasten Mgr 2-5-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

863-634-1019
 Daytime Phone #