2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #L05000025224



FILED Apr 27, 2006 8:00 am Secretary of State

1. Enity Name BLUE COUCH GROUP, LLC								04-27-2006 90017 008 ****50.00				
Principal Place of Business Mailing Address												
3641 W BELL DR Davie, FL 33328				3641 W BELL DR Davie, Fl 33328								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04182006	Chg-LLC	CR2E	083 (11/05)			
City & State				City & State				4. FEI Numb	er 20-2	40444	Z N	oplied For ot Applicable
Zîp	Country			Zip Count		try	5. Certificate of Status Desired S5.00 Addition Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
REEBER, TODD E 3641 W BELL DR DAVIE, FL 33328							Street Address (P.O. Box Number is Not Acceptable)					
						City				FL	Zip Cod	e
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, 2006										lake check _i ida Departn		e
9.		MANAGI	NG MEMBER	S/MANAGERS	10.				ADDITION	NS/CHANGES	6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REEBER, 3641 W B DAVIE, FL	ELL DR		☐ Delete					1 - 1 - 1	. •	☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP			P / 24	☐ Delete	СПУ-	ET ADDRESS ST-ZIP					☐ Change	Addition
makalen	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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.											