

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030272

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: SEE BLUE, LLC

**Current Principal Place of Business:**

3401 GOLDIE LANE  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

3401 GOLDIE LANE  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: 54-2170542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 CORAL WAY  
4TH FLOOR  
MIAMI, FL 33145 US

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.

SIGNATURE:

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BROWN, CARL D JR.  
Address: 3401 GOLDIE LANE  
City-St-Zip: NAPLES, FL 34112

Title: S ( ) Delete  
Name: BROWN, KANDI L  
Address: 3401  
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete  
Name: BROWN, CARL D JR  
Address: 3401 GOLDIE LANE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KANDI BROWN

SECR

04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date