

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000031623

1. Entity Name

BLUE ROCK PARTNERS REALTY GROUP, LLC



Principal Place of Business

9260 BAY PLAZA BLVD
#501
TAMPA, FL 33619

Mailing Address

9260 BAY PLAZA BLVD
#501
TAMPA, FL 33619



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2694106

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NASH, THOMAS C II
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756

**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**

U000000628539
02/16/07-80017-025 110.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	XAVIER HOLDINGS TRUST
STREET ADDRESS	9260 BAY PLAZA BLVD #501
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	MGRM
NAME	CAROLYN CORPORATION
STREET ADDRESS	9260 BAY PLAZA BLVD #501
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #