



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000031928 1. Entity Name BLUE ROYAL DEVELOPMENT LLC	
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Principal Place of Business 21396 MARINA COVE CIR J15 AVENTURA, FL 33180	Mailing Address PO BOX 611627 NORTH MIAMI, FL 33261 US
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DO NOT WRITE IN THIS SPACE


02122007 No Chg-LLC CR2E083 (11/05)
4. FEI Number
20-2635706
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent
**MONTECALVO, CARLOS J
21396 MARINA COVE CIR
J15
AVENTURA, FL 33180**

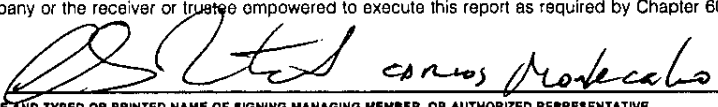
**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MONTECALVO, CARLOS J 21396 MARINA COVE CIR #J15 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORRONI, JUAN P 3702 NE 171 ST NO. 9 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELL-AQUILA, ROBERT N 3702 NE 171 ST NO.9 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONTECALVO, MARIO J 3702 NE 171 ST NO.9 NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000656270
03/14/07-80018-022 50.00
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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:  2/27/07 786 201 3965
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #