

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035789

FILED
Apr 30, 2010
Secretary of State

Entity Name: BLUE PROPERTIES REAL ESTATE INVESTMENTS, LLC

Current Principal Place of Business:

100 S. PINE ISLAND RD
108
PLANTATION, FL 33324

New Principal Place of Business:

100 S. PINE ISLAND RD
116
PLANTATION, FL 33324

Current Mailing Address:

100 S. PINE ISLAND RD
108
PLANTATION, FL 33324

New Mailing Address:

100 S. PINE ISLAND RD
116
PLANTATION, FL 33324

FEI Number: 20-2664268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADRUDDIN, SULEMAN
339 ARTHUR GODFREY ROAD
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SADRUDDIN, SULEMAN
Address: 339 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: LALANI, SHAFIQ
Address: 339 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: RAJWANY, NURUDDIN
Address: 339 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: RAJWANY, SHAHSULTAN
Address: 339 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: LALANI, AMIN
Address: 339 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM
Name: LALANI, NOORDIN
Address: 339 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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: SULEMAN SADRUDDIN

M

04/30/2010

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