

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045615

FILED
Sep 11, 2006
Secretary of State

Entity Name: BLUE LEMONADE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

11371 SW 176TH STREET
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

11371 SW 176TH STREET
MIAMI, FL 33157

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MALIK, ROCKA
11371 SW 176TH STREET
MIAMI, FL 33157 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: DAVIS, MICHAEL
Address: 21160 SW 112TH AVENUE, APT. 1-210
City-St-Zip: MIAMI, FL 33190

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

Title: MGR () Delete
Name: MOORE, CAIPHUS
Address: 17211 SW 112 COURT
City-St-Zip: MIAMI, FL 33157

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

Title: MGRM () Delete
Name: MALIK, ROCKA
Address: 11371 SW 176TH STREET
City-St-Zip: MIAMI, FL 33157

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROCKA MALIK

MGRM

09/11/2006

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