Submit by Email

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000050915

1. Entity Name
BLUE LABEL GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 27 AM 10:50

Principal Place of Business	Mailing Address
4600 Military Tr. Suite 226 Jupiter, FL 33458	4600 Military Tr. Suite 226 Jupiter, FL 33458

(L05000050915C)

07052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
4600 Military Tr. Suite 226	4600 Military Tr. Suite 226
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State JUPITER	City & State JUPITER
Zip 33458 Country	Zip 33458 Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUCZKOWIEC, ARTHUR
4966 BONSAI CIR. SUITE 200
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4600 Military Tr. Suite 226

City JUPITER FL Zip Code 33458

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LUCZKOWIEC, ARTHUR 1825 FLOWER DR. PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800080784898 10/12/06--01067--005 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JADCZAK, PAWEL 4966 BONSAI CIR. SUITE 200 PALM BEACH GARDNES, FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800080784898 11/28/06--01055--016 **100.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2006	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 07/03/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #