



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90272 024 \*\*\*\*50.00

<b>DOCUMENT # L05000068781</b> 1. Entity Name <b>BLUE CHIP 1000, L.L.C.</b>					
Principal Place of Business      Mailing Address <b>6135 NORTHWEST 167TH STREET, BLDG. E-18 -- 6135 NORTHWEST 167TH STREET, BLDG. E-18</b> <b>MIAMI, FL 33015 -- MIAMI, FL 33015</b>				<div style="font-size: 24px; font-weight: bold;">30004430</div> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03162006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number <div style="font-size: 24px; font-weight: bold;">20-3564674</div>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TADDEO, ANTHONY 6135 NORTHWEST 167TH STREET, BLDG. E-18 MIAMI, FL 33015				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="border: 1px solid black; padding: 2px;">FL</div> Zip Code	
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 reappointing)      DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPAL ANTHONY R. TADDEO 6135 NW 167 ST #E18 MIAMI, FL 33015			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRINCIPAL PATRICIA P. TADDEO 6135 NW 167 ST. #E18 MIAMI, FL 33015			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Anthony R. Taddeo</i>				Date: <i>3/16/06</i> Daytime Phone #: <i>305-558-6800</i>	