


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000068781		
1. Entity Name BLUE CHIP 1000, L.L.C.		
Principal Place of Business 6135 NORTHWEST 167TH STREET, BLDG. E-18 MIAMI, FL 33015	Mailing Address 6135 NORTHWEST 167TH STREET, BLDG. E-18 MIAMI, FL 33015	



03082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3564674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TADDEO, ANTHONY 6135 NORTHWEST 167TH STREET, BLDG. E-18 MIAMI, FL 33015
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADDEO, ANTHONY R 6135 NW 167 ST E18 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADDEO, PATRICIA P 6135 NW 167 ST E18 HIALEAH, FL 33015
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03/27/07-80110-018 50.00

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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: Anthony R. Taddeo **ANTHONY R. TADDEO**
3/15/07 305-558-6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #