

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000068781

1. Entity Name
BLUE CHIP 1000, L.L.C.



Principal Place of Business Mailing Address
6135 NORTHWEST 167TH STREET, BLDG. E-18 6135 NORTHWEST 167TH STREET, BLDG. E-18
MIAMI, FL 33015 MIAMI, FL 33015



04232008No Chg-LLC

CR2E083 (12/07)

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

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

080000347503
06/02/08-80033-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADDED, ANTHONY R 6135 NW 167 ST E18 HIALEAH, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TADDED, PATRICIA P 6135 NW 167 ST E18 HIALEAH, FL 33015
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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. Tadded

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/08

Date

305 558 6800

Daytime Phone #