

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000068781

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

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6135 NORTHWEST 167TH STREET, BLDG. E-18  
MIAMI, FL 33015

**New Principal Place of Business:**

6135 NW 167 STREET, E-18  
HIALEAH, FL 33015

**Current Mailing Address:**

6135 NORTHWEST 167TH STREET, BLDG. E-18  
MIAMI, FL 33015

**New Mailing Address:**

4911 EUROPA DRIVE  
NAPLES, FL 34105

FEI Number: 20-3564674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TADDEO, ANTHONY  
6135 NORTHWEST 167TH STREET, BLDG. E-18  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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:**

Title: P  
Name: TADDED, ANTHONY R  
Address: 4911 EUROPA DRIVE  
City-St-Zip: NAPLES, FL 34105

Title: P  
Name: TADDED, PATRICIA P  
Address: 4911 EUROPA DRIVE  
City-St-Zip: NAPLES, FL 34105

I hereby 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: ANTHONY R. TADDEO

PART

04/01/2010

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