

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070609

Entity Name: BLUE LAKE, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

489 TIMBER RIDGE DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

489 TIMBER RIDGE DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-3230456 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILDER, CHARLES D ESQ
1131 SYMONDS AVENUE
WINTER PARK, FL 32789 US

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: MGR () Delete
Name: ALAN S. BERNS LIVING, TRUST DTD 6/1 3 /2002
Address: 489 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: SUSANNA BERNS LIVING, TRUST DTD 6/1 3 /2002
Address: 489 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STACI L. COSTA

OM

05/01/2008

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