

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000075509

FILED  
Sep 18, 2008  
Secretary of State

Entity Name: BLUE RIVER DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

C/O FLORIDA LAND HOMES  
4141 NE 2ND AVE., SUITE 109  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

C/O FLORIDA LAND HOMES  
4141 NE 2ND AVE., SUITE 109  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-3204294      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:**

BROWN, GARY K ESQ.  
C/O PHILLIPS, EISINGER & BROWN, P.A.  
4000 HOLLYWOOD BLVD., SUITE 265-S  
HOLLYWOOD, FL 33021 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: MGR ( ) Delete  
Name: MILLER, JEROME  
Address: 4141 N.E. 2ND AVENUE, SUITE 109  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MILLER, JEROME  
Address: 4141 N.E. 2ND AVENUE, SUITE 101K  
City-St-Zip: MIAMI, FL 33137

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: JEROME MILLER

MGR

09/18/2008

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