2006 LIMITED LIABILITY COMPANY

FILED Apr 06, 2006 8:00 am Secretary of State

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ANNUAL REPORT

DOCUMENT # L05000077427 **BLUEPRINT PROPERTIES, LLC** - ~~ 3 & D & Principal Place of Business Mailing Address **2665 EXECUTIVE PARK DRIVE** 2665 EXECUTIVE PARK DRIVE SUITE 2 SUITE 2 WESTON, FL 33331 WESTON, FL 33331 2. Principal Place of Business 3. Mailing Address 8192 W STATE RD 84 8192 W STATE RD 84 -Sulte, Apt. #, etc. Suite, Apt. #, etc. 03222006 Chg-LLC CR2E083 (11/05) Sity & State Applied For City & State 4. FEI Number 3274209 A DAVIE Not Applicable Country SA \$5.00 Additional 33x 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILVERBERG & ASSOCIATES, PA Street Address (P.O. Box Number is Not Acceptable) 2665 EXECUTIVE PARK DRIVE **SUITE 2** WESTON, FL 33331 City Zip Code 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 lide if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE MGRM Oelete TITLE ☐ Change ☐ Addition CAPITAL ANSWERS, LLC NAME NAME 3500 LAS VEGAS BLVD SOUTH, SUITE N26 STREET ADDRESS STREET ADDRESS LAS VEGAS, FL 89109 CITY-ST-ZP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 51 - 72P TITLE Detects titi e Change Add Lion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAATE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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/

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