

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-23-2006 90262 014 ****50.00

DOCUMENT # L05000078712

1. Entity Name
BLUE CHIP MORTGAGE WHOLESALE, LLC



Principal Place of Business
**116 EAST OCEAN AVENUE
LANTANA, FL 33462 US**

Mailing Address
**116 EAST OCEAN AVENUE
LANTANA, FL 33462 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number

11-3757071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MLJ TAX & ACCOUNTING, INC.
829 BAILEY STREET
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	COLANGELO, PETER	
STREET ADDRESS	365 S. COUNTRY CLUB DRIVE	
CITY- ST- ZIP	ATLANTIS, FL 33462	
TITLE	MGR	☐ Delete
NAME	MCMILLAN, RICHARD	
STREET ADDRESS	3065 WEDGEWOOD BLVD.	
CITY- ST- ZIP	DELRAY BEACH, FL 33445	
TITLE	MGR	☐ Delete
NAME	DUTLER, MARK	
STREET ADDRESS	40 PINNACLE COVE	
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

[Signature]

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

3/16/06 561 547 6575

Date

Daytime Phone #