

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081294

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: BLUE ASSOCIATES GROUP LLC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 26-0125562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

PRATS, GABRIEL  
2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134 US

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

PRATS FERNANDEZ & CO PA  
2121 PONCE DE LEON BLVD.  
SUITE 240  
CORAL GABLES, FL 33134 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: PRATS FERNANDEZ & CO PA

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FORERO, MAURICIO  
Address: 2121 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: FORERO, JUAN CARLOS  
Address: 2121 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

**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: MAURICIO FORERO

MGR

04/30/2007

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