


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90067 034 \*\*\*\*50.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L05000089047</b><br>1. Entity Name<br><b>BLUEPRINT CONVERSIONS, LLC</b>  |  |   |  |           |  |
| Principal Place of Business<br><b>P.O. BOX 168<br/>WINDERMERE, FL 34786-0168</b>   |  |   | Mailing Address<br><b>P.O. BOX 168<br/>WINDERMERE, FL 34786-0168</b>   |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                                      |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                     |  |  |  |
| City & State   |  | City & State  |  | 4. FEI Number  |  |
| Zip  |  | Country   |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired   |  | <input type="checkbox"/> \$5.00 Additional Fee Required |  |  |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |  |  |
| <b>BUSINESS FILINGS INCORPORATED<br/>1203 GOVERNORS SQUARE BLVD., SUITE 101<br/>TALLAHASSEE, FL 32301-2960</b>   |  |   | Name <b>Aurelien Mansier</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6485 Conroy Windermere Rd. # 414</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32835</b> |  |  |
| 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 <u><i>Aurelien Mansier</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>  |  |   | DATE <b>4/22/06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MANSIER, SYLVAIN<br/>700 SUMMER STREET, APT 9G<br/>STAMFORD, CT 06901</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MANSIER, AURELIEN<br/>6485 CONROY-WINDERMERE ROAD, APT 414<br/>ORLANDO, FL 32835</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <u><i>Aurelien Mansier</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   | Date <b>4/22/06</b><br><small>Daytime Phone #</small>  |  |  |