## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000089047

Entity Name: BLUEPRINT CONVERSIONS, LLC

FILED May 23, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 168 6485 CONROY WINDERMERE ROAD WINDERMERE, FL 347860168

**APT 414** 

WINDERMERE, FL 32835

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 168 P.O. BOX 168

WINDERMERE, FL 347860168 WINDERMERE, FL 347860168 US

FFI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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: Name and Address of New Registered Agent:

MANSIER, AURELIEN 6485 CONROY WINDERMERE RD # 414 ORLANDO, FL 32835 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

MANSIER, SYLVAIN Name: Name: Address: 700 SUMMER STREET, APT 9G Address: City-St-Zip: STAMFORD, CT 06901 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: MANSIER, AURELIEN Name: Address: 6485 CONROY-WINDERMERE ROAD, APT 414 Address: City-St-Zip: ORLANDO, FL 32835 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: AURELIEN MANSIER **MGRM** 05/23/2007