2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# L05000089047

Entity Name: BLUEPRINT CONVERSIONS, LLC

Current Principal Place of Business:

6485 CONROY WINDERMERE ROAD
APT 414
WINDERMERE, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 168
WINDERMERE, FL 347860168 US

New Mailing Address:

FEI Number: 01-0884400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANSIER, AURELIEN
6485 CONROY WINDERMERE RD
414
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete
Name: MANSIER, SYLVAIN
Address: 700 SUMMER STREET, APT 9G
City-St-Zip: STAMFORD, CT 06901

Title: MGRM ( ) Delete
Name: MANSIER, AURELIEN
Address: 6485 CONROY-WINDERMERE ROAD, APT 414
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MANSIER, SYLVAIN
Address: 487 MASSACHUSETTS AVE. #4
City-St-Zip: BOSTON, MA 02118

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: AURELIEN MANSIER MGRM 02/05/2008

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