2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L05000097150

Entity Name: BLUE DEVIL 96, LLC

Current Principal Place of Business:

2701 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

2701 SOUTH FLAGLER DRIVE
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 76-0801288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

DOORAKIAN, DANIEL
625 N. FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 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: SCHWARZ, TIM
Address: 2701 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM ( ) Delete
Name: CROWLEY, T. SPENCER
Address: 2 SOUTH BISCAYNE BLVD., SUITE 3400
City-St-Zip: MIAMI, FL 331311802

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: CROWLEY, T. SPENCER
Address: ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
City-St-Zip: MIAMI, FL 33131

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: TIMOTHY SCHWARZ MGRM 05/03/2007

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