

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 23, 2006 8:00 am
Secretary of State

07-25-2006 90082 023 ****50.00

DOCUMENT # L05000101047 1. Entity Name BLUE FISH VENTURES, LLC					
Principal Place of Business 659 BOCA MARINA COURT BOCA RATON, FL 33487			Mailing Address 659 BOCA MARINA COURT BOCA RATON, FL 33487		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07102006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 11-3760573				Applied For <input 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 APPLEGATE, RICHARD 659 BOCA MARINA COURT BOCA RATON, FL 33487	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	MGRM	Delete		
NAME	APPLEGATE, RICHARD L		<input type="checkbox"/>		
STREET ADDRESS	659 BOCA MARINA COURT				
CITY- ST- ZIP	BOCA RATON, FL 33487				
TITLE	NAME	MGRM	Delete		
NAME	APPLEGATE, MICHELLE R		<input type="checkbox"/>		
STREET ADDRESS	659 BOCA MARINA COURT				
CITY- ST- ZIP	BOCA RATON, FL 33487				
TITLE	NAME		Delete		
NAME			<input type="checkbox"/>		
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME		Delete		
NAME			<input type="checkbox"/>		
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME		Delete		
NAME			<input type="checkbox"/>		
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME		Delete		
NAME			<input type="checkbox"/>		
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE	NAME		Change	Addition	
NAME			<input type="checkbox"/>	<input type="checkbox"/>	
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME		Change	Addition	
NAME			<input type="checkbox"/>	<input type="checkbox"/>	
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME		Change	Addition	
NAME			<input type="checkbox"/>	<input type="checkbox"/>	
STREET ADDRESS					
CITY- ST- ZIP					
TITLE	NAME		Change	Addition	
NAME			<input type="checkbox"/>	<input type="checkbox"/>	
STREET ADDRESS					
CITY- ST- ZIP					
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.					
SIGNATURE: 07-18-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					