2007 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT May 03, 2007 08:00 A Secretary of State DOCUMENT # L05000101084 Entity Name **BLUE DUCK, LLC** Principal Place of Business Mailing Address 5957 SW 112 LANE 5957 SW 112 LANE COOPER CITY, FL 33330 COOPER CITY, FL 33330 05012007 No Chg-LLC CR2F083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 20-3661008 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUGHES, WILLIAM D DO NOT WRITE 5957 SW 112 LANE COOPER CITY, FL 33330 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 900000750008 Filing Fee Is \$50.00 Due by May 1, 2007 05/24/07-80064-023 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME HUGHES, WILLIAM D 5957 SW 112 LANE STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33330 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filting 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:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME ANAGORO MEMBER, OR AUTHORIZED REPRESENTATIVE

430/07