

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90028 032 ****50.00

DOCUMENT # L06000009167

1. Entity Name
BLUE LAKE PARK OF COMMERCE, LLC



Principal Place of Business
**1908 NW 4TH AVE
OFFICE
BOCA RATON, FL 33432**

Mailing Address
**1908 NW 4TH AVE
OFFICE
BOCA RATON, FL 33432**

60042069



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04182007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc. **112**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8865509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MICHAEL C. KLAFFELD, P.A.
2424 NE 22ND STREET
POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **KLASFELD, JON**
STREET ADDRESS **1908 NW 4TH AVE - OFFICE**
CITY - ST - ZIP **BOCA RATON, FL 33432**

TITLE ☐ Delete
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STREET ADDRESS
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10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

14 April 2007

Date

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4210002

Daytime Phone #