

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016566

Entity Name: BLUE RIBBON PARTNERS LLC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

530 SANTURCE AVE.
CORAL GABLES, FL 33143

New Principal Place of Business:

6330 SW 106 ST
PINECREST, FL 33156

Current Mailing Address:

1172 SOUTH DIXIE HIGHWAY
233
CORAL GABLES, FL 33146

New Mailing Address:

6330 SW 106 ST
PINECREST, FL 33156

FEI Number: 20-4321013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEGEWISCH, VICTORIA M
530 SANTURCE AVENUE
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

HEGEWISCH, VICTORIA M
6330 SW 106 ST
PINECREST, FL 33156 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEGEWISCH, VICTORIA M
Address: 530 SANTURCE AVE
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM () Delete
Name: TUBILLA, MARIA
Address: 301 ISLAND DRIVE
City-St-Zip: KEY BISCAWAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEGEWISCH, VICTORIA M
Address: 6330 SW 106 ST
City-St-Zip: PINECREST, FL 33156

Title: MGRM (X) Change () Addition
Name: TUBILLA, MARIA
Address: 6330 SW 106 ST
City-St-Zip: PINECREST, FL 33156

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: VICTORIA HEGEWISCH

MGRM

04/29/2008

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