



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000022249 1. Entity Name BLUE RIBBON HOMES, LLC	
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Principal Place of Business 2101 N. 16TH AVENUE HOLLYWOOD, FL 33020	Mailing Address 2424 NE 22ND STREET POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE

FILED
Jun 11, 2008 08:00 AM
Secretary of State



05292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	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

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

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.


000000952973
06/11/08-80002-003 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIG ROCK PROPERTIES, LLC 2424 NE 22ND STREET POMPANO BEACH, FL 33062
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **561-368-5538**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #