## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Apr 17, 2007 8:00 am Secretary of State 04-03-2007 90118 034 \*\*\*\*55.00

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DOCUMENT # L06000025273  1. Enlity Name BLUEARC PROPERTIES, LLC						04-03-20	007 901	18 034 *	***55.00	
Principal Place of Business  1250 S. BELCHER ROAD, SUITE 160 LARCO, FL 33771 LARCO, FL 33781 PINELLAS 7 2. Principal Place of Business - No P.O. Box # 3. Mailing Address FL 3				BLVD		1/1 2 PANK 1 TANK PRINC 20/12 12/12			INTELLOU (UZ)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address FL 33781								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State			4 FEI Num	ber - 49429	130		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificat	te of Status Desired	×	\$5.00 Ad Fee Require	ditional ad	
	6. Name and Address of Current	Registered Agent Nam		me	Name and Address of New Registered Agent					
O'CONNOR, PATRIC M ESQ.					P.O. Box Num	ber is Not Acceptable	9)		<del>-</del>	
1250 S. BELO	CHER ROAD, SUITE 160						-,			
LARGO, FL	33771		Cit	у			FL	Zip Cod	le .	
8. The above na	med entity submits this statement lo	r the purpose of changing its	s registered offi	ice or register	ed agent, or b	oth, in the State of Fk		- lamiliar with,	and accept	
the obligations of registered agent.  SIGNATURE Signature, typed or printed name of segnatured agent and title if applicable. (NOTE: Registered Agent algebraic required when reinstating)  DATE										
Sign	hature, typed or printed name of registered agent a	and title if applicable. (NO)	E: Registered Agent	besuper enutangle	when reinstating)		DATE			
Filin Due	g Fee is \$50.00 by May 1, 2007							eayable to sent of Stat	<b>x</b> •	
9. TITLE	MANAGING MEMBE		10.	1207		ADDITIONS	CHANGES		<del></del>	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZE	DIF	ABIO	TOSEPH BARDES FL 33	CT	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***	☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	i i	.,			Change	☐ Addition	
HILE MAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZW		_			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	I				☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-2IP	1				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	1				☐ Change	☐ Addition	
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 this was 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 id execute his report as required by Chapter 608, Florida Statutes.										
SIGNATU	RE: WALL	SIGNING MANAGING MEMBER-MA	HAGER, OR AUTHO	MIZED REPRESEN	L L	03/28/07 Date	(727	2) 545 ayrime Phone 8	-4288	