

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029475

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: BLUENOSE ALLIANCE, L.L.C.

**Current Principal Place of Business:**

2377 LINWOOD AVENUE, #211  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

2377 LINWOOD AVENUE, #211  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRANT, SCOTT M  
3337 TAMiami TRAIL N.  
SCOTT M. GRANT, P.A.  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHORLTON, DEREK  
Address: 561 RIDGE DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: MGRM ( ) Delete  
Name: FAETT, JOSHUA  
Address: 1103 HOLIDAY LANE  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DEREK CHORLTON

MGRM

04/02/2007

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