

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031789

Entity Name: BLUEBOX LLC

FILED  
Jul 16, 2007  
Secretary of State

## Current Principal Place of Business:

14930 LAURIE LANE  
TAMPA, FL 33613 US

## New Principal Place of Business:

1050 VILLAGIO CIR UNIT 206  
SARASOTA, FL 34237 US

## Current Mailing Address:

14930 LAURIE LANE  
TAMPA, FL 33613 US

## New Mailing Address:

1050 VILLAGIO CIR UNIT 206  
SARASOTA, FL 34237 US

FEI Number: 57-1232470      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HORVATH, IMRE  
14930 LAURIE LANE  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

FICSORI, KRISZTIAN  
1050 VILLAGIO CIR UNIT 206  
SARASOTA, FL 34237 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: KRISZTIAN FICSORI

07/16/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BODI, BALAZS  
Address: 14930 LAURIE LANE  
City-St-Zip: TAMPA, FL 33613 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BODI, BALAZS  
Address: 1050 VILLAGIO CIR UNIT 206  
City-St-Zip: SARASOTA, FL 34237 US

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: BODI BALAZS

MGR

07/16/2007

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