

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90111 034 ***138.75

DOCUMENT # L06000036633

1. Entity Name
BLUE MARLIN DREAMS, LLC



Principal Place of Business
11891 US HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408 US

Mailing Address
11891 US HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408 US

60023441



2. Principal Place of Business - No P.O. Box #
201 Toney Penna DR.
Suite, Apt. #, etc.

3. Mailing Address
201 Toney Penna DR.
Suite, Apt. #, etc.

04032008 Chg-LLC CR2E083 (12/06)

City & State
Jupiter, FL

Zip
33458

Country
USA

4. FEI Number
20-5231821

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RYAN & RYAN ATTORNEYS P.A.
11891 US HIGHWAY ONE
SUITE 201
NORTH PALM BEACH, FL 33408

Name
Greg Wiita

Street Address (P.O. Box Number is Not Acceptable)

201 Toney Penna DR
City Jupiter FL Zip Code 33458

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MR.
WIITA, GREGORY D.
201 TONEY PENNA DRIVE
JUPITER, FL 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DR.
WIITA, BRUCE
201 TONEY PENNA DRIVE
JUPITER, FL 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MRS
WIITA, LUANN
201 TONEY PENNA DRIVE
JUPITER, FL 33458

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #