

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000046293
 1. Entity Name
 BLUE DOOR SURGICAL, LLC



Principal Place of Business 325 S. BISCAYNE BOULEVARD 2915 MIAMI, FL 33131	Mailing Address 325 S. BISCAYNE BOULEVARD 2915 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIMITED AGENT SERVICES
 44 WEST FLAGLER STREET
 675
 MIAMI, FL 33130

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

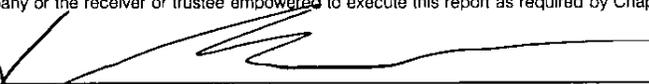
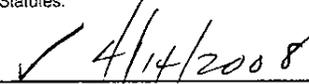
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OKPAKU, ANIRE 325 S. BISCAYNE BOULEVARD, 2915 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000003895
 04/30/08-80064-008 138.75

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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:  DATE: 

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