

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047580

**Entity Name:** BLUE ISLAND STUDIOS, LLC

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9054 FOXWOOD DRIVE N.  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

9054 FOXWOOD DRIVE N.  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number:** 27-0317098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEALE, JENNIFER K  
9054 FOXWOOD DRIVE N.  
TALLAHASSEE, FL 32309 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: MRS.  
Name: LEALE, JENNIFER K  
Address: 9054 FOXWOOD DRIVE N.  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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: JENNIFER LEALE

MRS.

01/04/2011

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