

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063906

Entity Name: BLUE FEATHER USA LLC

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-5050032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANS, WIGGEMANS
301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401 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: HANS, WIGGEMANS
Address: 301 CLEMATIS STREET, SUITE 3000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: CHANTAL, WIGGEMANS
Address: 301 CLEMATIS STREET, SUITE 3000
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Delete
Name: TIKAM, SUJAN
Address: 9494 N.W. 52ND DORAL LANE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES:

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

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: HANS WIGGEMANS

MGRM

04/24/2007

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