2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# L06000077156

Entity Name: BLU SUSHI GULF COAST TOWN CENTER, L.L.C.

Current Principal Place of Business:

2806 VALENCIA WAY
FORT MYERS, FL 33901

New Principal Place of Business:

13451 MCGREGOR BLVD UNIT 23
FORT MYERS, FL 33919

Current Mailing Address:

2806 VALENCIA WAY
FORT MYERS, FL 33901

New Mailing Address:

13451 MCGREGOR BLVD UNIT 23
FORT MYERS, FL 33919

FEI Number: 20-8284514 **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:

SCHMID, PETER
2806 VALENCIA WAY
FORT MYERS, FL 33901 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: MGR ( ) Delete
Name: SCHMID, PETER
Address: 2806 VALENCIA WAY
City-St-Zip: FORT MYERS, FL 33901

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: JONES, COURTNEY P
Address: 1361 ROYAL PALM SQ BLVD SUITE 1
City-St-Zip: FORT MYERS, FL 33919

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: DANA VIDUSSI CPA 07/05/2007

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