2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L06000088011

Entity Name: BLUE ROSE 7 INVESTMENTS, LLC.

Current Principal Place of Business:

6509 FILLMORE ST
SUITE 101
HOLLYWOOD, FL 33024

New Principal Place of Business:

6509 FILLMORE ST
HOLLYWOOD, FL 33024

Current Mailing Address:

6509 FILLMORE ST
SUITE 101
HOLLYWOOD, FL 33024

New Mailing Address:

6509 FILLMORE ST
HOLLYWOOD, FL 33024

FEI Number: 77-0664962 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE, TONY J
6509 FILLMORE ST
SUITE 101
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

PIERRE, TONY J
6509 FILLMORE ST
HOLLYWOOD, FL 33024 US

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: TONY PIERRE 04/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PIERRE, TONY J
Address: 6509 FILLMORE ST #101
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM (X) Delete
Name: PIERRE, NORMA I
Address: 6509 FILLMORE ST. #101
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PIERRE, TONY J
Address: 6509 FILLMORE ST
City-St-Zip: HOLLYWOOD, FL 33024

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

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: TONY PIERRE MGRM 04/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date