## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT **DOCUMENT # L06000090112** 04-03-2007 90120 046 \*\*\*\*50.00 **BLUE GROUP ENTERPRISES LLC** Principal Place of Business Mailing Address 60031729 1401 S. FEDERAL HIGHWAY 1401 S. FEDERAL HIGHWAY **UNIT 312 UNIT 312** BOCA RATON, FL 33432 BOCA RATON, FL 33432 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 02212007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUE, MARK Street Address (P.O. Box Number is Not Acceptable) 1401 S. FEDERAL HIGHWAY **UNIT 312** BOCA RATON, FL 33432 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10 ■ Addition MGR ☐ Delete TITLE Change TITLE LUE, MARK NAME NAME 1401 S. FEDERAL HIGHWAY UNIT 312 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP MGR Change ■ Addition ☐ Delete TITLE TITLE BLAIN, SHANE NAME NAME 106 ORCHARD RIDGE LANE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIFLE ☐ Change ☐ Addition me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete MILE TIME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND N

E OF SIGIRING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

## Apr 03, 2007 8:00 am Secretary of State