2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000090618

Entity Name: BLUE TULIP KIDS, LLC

Current Principal Place of Business:

7762 HOFFY CIRCLE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7762 HOFFY CIRCLE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-5666792 **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:

ADAMS, LAUREN
7762 HOFFY CIRCLE
LAKE WORTH, FL 33467 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: ADAMS, WILLIAM
Address: 7762 HOFFY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: MGR ( ) Delete
Name: BLITMAN, GARY
Address: 6829 FARRAGUT LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: MGRM ( ) Delete
Name: ADAMS, LAUREN
Address: 7762 HOFFY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

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 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: LAUREN ADAMS MGR 05/02/2007

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