

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90095 013 ***138.75

DOCUMENT # L06000095550

1. Entity Name

BLUE LAGOON CAPITAL PARTNERS, LLC



Principal Place of Business

274 VELEROS COURT
CORAL GABLES FL 33143

Mailing Address

274 VELEROS COURT
CORAL GABLES FL 33143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

City & State

4. FEI Number

20-5683833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRUITT, WILLIAM
274 VELEROS COURT
CORAL GABLES FL 33143

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

(NOTE: Registered agent's signature is required when filing.)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE: P ☐ Delete
NAME: PAVITT, WILLIAM D
STREET ADDRESS: 274 VELEROS CT
CITY- ST- ZIP: CORAL GABLES FL 33143

TITLE: C ☐ Delete
NAME: ROGERS, RODNEY
STREET ADDRESS: 5301 BLUE LAGOON DR SUITE 700
CITY- ST- ZIP: MIAMI FL 33126

TITLE: VP ☐ Delete
NAME: REID, KEVIN
STREET ADDRESS: 5301 BLUE LAGOON DR SUITE 700
CITY- ST- ZIP: MIAMI FL 33126

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

10. ADDITIONS/CHANGES

TITLE: ☒ Change ☐ Addition
NAME: PRUITT, WILLIAM D
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 274 VELEROS COURT
CITY- ST- ZIP: CORAL GABLES, FL 33143

TITLE: ☒ Change ☐ Addition
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CITY- ST- ZIP:

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NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William D Pruitt / WILLIAM D PRUITT 1/24/08 305-790-0573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE