

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105255

Entity Name: BLUE DRAGON, LLC

FILED
Jul 31, 2008
Secretary of State

Current Principal Place of Business:

1575 PINE RIDGE RD
UNIT 21
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

1575 PINE RIDGE RD
UNIT 21
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 20-5815444 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:

STOHLER, STEPHEN
526 WEBER BLVD N
NAPLES, FL 34120 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: STOHLER, STEPHEN
Address: 526 WEBER BLVD N
City-St-Zip: NAPLES, FL 34120 US

Title: MGR () Delete
Name: KHALAF, NICOLA
Address: 8776 VENTURA WAY
City-St-Zip: NAPLES, FL 34109 US

Title: MGR (X) Delete
Name: GRANT, WILLIAM
Address: 4950 S LE JUNE RD SUITE B
City-St-Zip: CORAL GABLES, FL 33446 US

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: NICOLA KHALAF

MGR

07/31/2008

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