

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110208

Entity Name: BLUE SHORE ESTATES, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

6321 PORTER ROAD, SUITE 10
SARASOTA, FL 34240

New Principal Place of Business:

2555 PORTER LAKE DRIVE
102
SARASOTA, FL 34240

Current Mailing Address:

6321 PORTER ROAD, SUITE 10
SARASOTA, FL 34240

New Mailing Address:

2555 PORTER LAKE DRIVE
102
SARASOTA, FL 34240

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NASH, RAYMOND J
6321 PORTER ROAD, SUITE 10
SARASOTA, FL 34240 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: MGRM () Delete
Name: NASH, RAYMOND J
Address: 1401 BRICKELL AVENUE, SUITE 500
City-St-Zip: MIAMI, FL 33131

Title: MGRM () Delete
Name: NASH, JILL
Address: 1401 BRICKELL AVENUE, SUITE 500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NASH, RAYMOND J
Address: 2555 PORTER LAKE DRIVE SUITE 102
City-St-Zip: SARASOTA, FL 34240

Title: MGRM (X) Change () Addition
Name: NASH, JILL
Address: 2555 PORTER LAKE DRIVE SUITE 102
City-St-Zip: SARASOTA, FL 34240

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: R J NASH

MR

04/28/2008

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