


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90095 029 \*\*\*138.75

|  |   |                     |   |  |  |
|--|---|---------------------|---|--|--|
| <b>DOCUMENT # L07000020911</b><br>1. Entity Name<br>BLUE AGATE, LLC  |   |                     |   |   |  |
| Principal Place of Business<br>1100 NORTH TELEGRAPH ROAD<br>DEARBORN, MI 48128 US  |   |                     | Mailing Address<br>1100 NORTH TELEGRAPH ROAD<br>DEARBORN, MI 48128 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |   |  |  |
| City & State   |   | City & State        |   | 01112008    Chg-LLC    CR2E083 (12/06)   |  |
| Zip  |   | Country             |   | 4. FEI Number<br>20-8497491  |  |
| Zip  |   | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>ATKIN, JANE<br>5913 WAR ADMIRAL DRIVE<br>WESLEY CHAPEL, FL 33544  |   |                     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |   |                     | <b>Make check payable to</b><br><b>Florida Department of State</b>    |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ATKIN, ANDREW<br>456 E. ORANGE GROVE BLVD. #323<br>PASADENA, CA 91104 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |                     |   |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |                     | Andrew Atkin 01/11/08<br><small>Date Daytime Phone #</small>          |  |  |