

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044628

Entity Name: BLUE ISLAND TRIBE LLC

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

2075 BUTTERNUT CIRCLE EAST
CLEARWATER, FL 33763 US

New Principal Place of Business:

28778 US HIGHWAY 19 N.
CLEARWATER, FL 33761 US

Current Mailing Address:

2075 BUTTERNUT CIRCLE EAST
CLEARWATER, FL 33763 US

New Mailing Address:

28778 US HIGHWAY 19 N.
CLEARWATER, FL 33761 US

FEI Number: 68-0653233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

THERIAULT, FRANK C
2075 BUTTERNUT CIRCLE EAST
CLEARWATER, FL 33763 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: DISBRO, DANIEL R
Address: 2075 BUTTERNUT CIRCLE EAST
City-St-Zip: CLEARWATER, FL 33763 US

Title: MGRM () Delete
Name: THERIAULT, FRANK C
Address: 2075 BUTTERNUT CIRCLE E.
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES:

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: FRANK THERIAULT

RA

05/11/2009

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