

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045630

Entity Name: BLUE TUNA PARTNERS, LLC

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

3628 HERON RIDGE LANE
WESTON, FL 33331

New Principal Place of Business:

16860 TAMARIND
SUGARLOAF SHORES, FL 33042

Current Mailing Address:

3628 HERON RIDGE LANE
WESTON, FL 33331

New Mailing Address:

16860 TAMARIND
SUGARLOAF SHORES, FL 33042

FEI Number: 20-8994344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADBURY, THOMAS E
3628 HERON RIDGE LANE
WESTON, FL 33331 US

Name and Address of New Registered Agent:

BRADBURY, THOMAS E
16860 TAMARIND
SUAGRLOAF SHORES, FL 33042 US

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:

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: BRADBURY, THOMAS E
Address: 3628 HERON RIDGE LANE
City-St-Zip: WESTON, FL 33331 US

Title: D () Delete
Name: EILERS, JEFFREY P
Address: 1226 SE 12TH TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33331 US

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BRADBURY, THOMAS E
Address: 16860 TAMARIND
City-St-Zip: SUGARLOAF SHORES, FL 33042 US

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: THOMAS E BRADBURY

PRES

03/24/2009

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