2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# L07000050539

Entity Name: BLUE IGUANA,LLC

Current Principal Place of Business:

101 JASMINE CT.
PLANTATION, FL 33317 US

New Principal Place of Business:

6919 W BROWARD BLVD
PLANTATION, FL 33317 US

Current Mailing Address:

101 JASMINE CT.
PLANTATION, FL 33317 US

New Mailing Address:

6919 W BROWARD BLVD
PLANTATION, FL 33317 US

FEI Number: 26-0325560 **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:

KRAUSE, MATT
8751 W BROWARD BLVD
100
PLANTATION, FL 33324 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: DEBAIX, FABIENNE
Address: 6919 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DEBAIX, FABIENNE
Address: 19101 MYSTIC POINTE DRIVE #2610
City-St-Zip: AVENTURA, FL 33180 US

Title: MGRM ( ) Change (X) Addition
Name: HOFFMAN, BRUCE
Address: 19101 MYSTIC POINTE DRIVE
City-St-Zip: AVENTURA, FL 33180 US

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: FABIENNE DEBAIX MGR 07/07/2009

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