

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076458

FILED  
Jul 09, 2009  
Secretary of State

Entity Name: BLUE STRAWBERRY RESORTS LLC

**Current Principal Place of Business:**

444 BRICKELL AVE  
STE 51-859  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

444 BRICKELL AVE  
STE 51-859  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 75-3247892      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:**

**Name and Address of New Registered Agent:**

PATTON, RYAN  
444 BRICKELL AVENUE  
STE 51-859  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR ( ) Delete  
Name: GARCIA, ERIKA  
Address: 444 BRICKELL AVENUE, SUITE 51-334  
City-St-Zip: MIAMI, FL 33131

Title: MGMR ( ) Delete  
Name: PATTON, RYAN  
Address: 444 BRICKELL AVENUE, SUITE 51-859  
City-St-Zip: MIAMI, FL 33131

**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: RYAN PATTON

CPA

07/09/2009

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