

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113381

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: FX BLUE MANAGEMENT OF MELBOURNE, LLC

## Current Principal Place of Business:

709 S HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

## New Principal Place of Business:

709 S HARBOR CITY BLVD  
SUITE 250  
MELBOURNE, FL 32901 US

## Current Mailing Address:

709 S HARBOR CITY BLVD  
MELBOURNE, FL 32901 US

## New Mailing Address:

709 S HARBOR CITY BLVD  
SUITE 250  
MELBOURNE, FL 32901 US

FEI Number: 26-1384564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEINERS, LOUIS M JR.  
3073 HORSESHOE DRIVE SOUTH  
SUITE 210  
NAPLES, FL 34104 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: C & K, LLC  
Address: 705 S HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901 US

Title: MGRM ( ) Delete  
Name: MONACO AVIATION, LLC  
Address: 709 S HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901 US

## 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: CHRISTIAN ROMANDETTI

MGRM

04/29/2009

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