

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014402

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** BLUE DIAMOND ENTERPRISES INTERNATIONAL LLC

**Current Principal Place of Business:**

421 SW BUXTON AVE  
PORT ST LUCIE, FL 34982 US

**New Principal Place of Business:**

584 N.W. UNIVERSITY DR., SUITE 708  
PORT ST LUCIE, FL 34986 US

**Current Mailing Address:**

421 SW BUXTON AVE  
PORT ST LUCIE, FL 34982 US

**New Mailing Address:**

584 N.W. UNIVERSITY DR., SUITE 708  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 26-1948682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUBBOLO, CHRIS  
421 SW BUXTON AVE  
PORT ST LUCIE, FL 34982 US

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

DUNLAP, ROBERT E SR.  
1312 DANBURY ST., SW  
PALM BAY, FL 32908 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: ROBERT E. DUNLAP, SR.

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STUBBOLO, CHRIS  
Address: 421 SW BUXTON AVE  
City-St-Zip: PORT ST LUCIE, FL 34982 US

Title: MGRM ( ) Delete  
Name: DUNLAP, ROBERT E SR  
Address: 1312 DANBURY ST SW  
City-St-Zip: PALM BAY, FL 32908 US

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: STUBBOLO, KATHLEEN  
Address: 421 SW BUXTON AVE  
City-St-Zip: PORT ST LUCIE, FL 34982 US

Title: MGR ( ) Change (X) Addition  
Name: CLIVE, KATHRYN M  
Address: 10360 SW STEPHANIE WAY, UNIT 207  
City-St-Zip: PORT ST LUCIE, FL 34987 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: ROBERT E. DUNLAP, SR.

MGRM

04/28/2009

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