

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034408

FILED  
Mar 26, 2012  
Secretary of State

Entity Name: BLUE LAKE PARTNERS, LLC

**Current Principal Place of Business:**

5775 BLUE LAGOON DRIVE #300  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5775 BLUE LAGOON DRIVE #300  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 26-2418238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MELAND, RUSSIN & BUDWICK, P.A.  
3000 WACHOVIA FINANCIAL CENTER  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 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  
Name: URBANALL DEVELOPMENT GROUP, LLC  
Address: 5775 BLUE LAGOON DRIVE #300  
City-St-Zip: MIAMI, FL 33126

Title: MGRM  
Name: BETH AZOR REVOCABLE TRUST  
Address: 5775 BLUE LAGOON DRIVE #300  
City-St-Zip: MIAMI, FL 33126

Title: MGRM  
Name: LOLALULU, LLC  
Address: 5775 BLUE LAGOON DRIVE #300  
City-St-Zip: MIAMI, FL 33126

Title: MGRM  
Name: MEGA RIVER, LLC  
Address: 5775 BLUE LAGOON DRIVE #300  
City-St-Zip: MIAMI, FL 33126

Title: MGRM  
Name: PINA, NIRMA  
Address: 5775 BLUE LAGOON DRIVE #300  
City-St-Zip: MIAMI, FL 33126

Title: MGRM  
Name: VILLAR, NERY  
Address: 5775 BLUE LAGOON DRIVE #300  
City-St-Zip: MIAMI, FL 33126

I hereby 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: URBANALL DEVELOPMENT GROUP, LLC

MGR

03/26/2012

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