

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078072

**Entity Name:** BLUE CROSS REALITY LLC

**FILED**  
**Aug 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19622 AMAZON BASIN BEND  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

19622 AMAZON BASIN BEND  
LUTZ, FL 33559

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HARAN, DEAN  
2830 BLUESLATE COURT  
LAND O LAKES, FL 34638 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  
Name: GANUGANTI, SREENIVAS  
Address: 19622 AMAZON BASIN BEND  
City-St-Zip: LUTZ, FL 33559

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: SREENIVAS GANUGANTI

MGRM

08/14/2012

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