


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000001856</b> 1. Entity Name <b>BLUE RIBBON BLOSSOMS, LLC</b>	
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Principal Place of Business <b>7045 N.W. 46 STREET MIAMI, FL 33166</b>	Mailing Address <b>7045 N.W. 46 STREET MIAMI, FL 33166</b>
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03182004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0867653</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
**ALEMAN, RAIMUNDO  
7045 N.W. 46 ST.  
MIAMI, FL 33166**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000094242  
03/22/04-80051-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICHARD FOSTER & CO. LLC 7045 NW 46 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEMAN & CO. LLC 7045 NW 46 STREET MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BADAL & CO. LLC 7045 NW 46 STREET MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Raimundo Aleman* **03/18/04 305-591-5678**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #