2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Say an Raim undo Aleman Mongaing Mey Ban Signature and type and printed name of signing managing member, manager, on authorized hepresentative

FILED Apr 06, 2005 08:00 AM Secretary of State

DOCUMENT # L9800001856 1. Entity Name BLUE RIBBON BLOSSOMS, LLC						Sec	retar	y of	State
Principal Plac	ce of Business	Mailing Address	Mailing Address		7				
7045 N.W. 46 STREET MIAMI, FL 33166		7045 N.W. 46 STREET MIAMI, FL 33166				(B)	1 MAIII BALDI (1681)	ININ THIN E	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252005	Chg-LLC	CR2E083	(10/03)	
City & State		City & State		4. FEI Number 65-0867				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate of	of Status Desired		5.00 Add e Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered Agent				
ALEMAN	DAIMLINDO	/		Name		-		_	
ALEMAN, RAIMUNDO 7045 N.W. 46 ST. MIAMI, FL 33166				Street Address (P.O. Box Number is Not Acceptable)					
11.00 11711, 1 2									
				City			FL	Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
				··					
Fi D	iling Fee is \$50.00 ue by May 1, 2005						check pay Departmen		•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGRM RICHARD FOSTER & CO. LLC	☐ Delete	TITLE	1				Change	☐ Addition
STREET ADDRESS	7045 NW 48 STREET		NAM STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33166			ST-ZIP					ĺ
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition
NAME	ALEMAN & CO. LLC		NAM	l l		U00000 04/06/05	3290568		
STREET ADDRESS CITY-ST-ZIP	7045 NW_46 STREET MIAMI, FL 33166	- 		T ADDRESS ST-ZIP		U4/U6/U5	-80076-	008 5	0.00
TITLE	MGRM	☐ Delete	TITLE					Change	C Addition
NAME	BADAL & CO. LLC		NAM				L	1 กาลหนิด	Addition
STREET ADDRESS	7045 NW 46 STREET		STRE	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33166		CITY	ST-ZIP					}
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
TITLE	<u> </u>	☐ Delete	TITLE		·	·-		Change	☐ Addition
NAME			NAME					-	_
STREET ADDRESS CITY-ST-ZIP				T ADDRESS (ST-ZIP					1
	ertify that the information supplied with the	his filing does not qualify for t			ofion 110 07/01/01	Florida Ctatutos 1:	further and to	thing the I-	(ormatic -
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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.									