

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L98000001856					
1. Entity Name BLUE RIBBON BLOSSOMS, LLC					
Principal Place of Business 7045 N.W. 46 STREET MIAMI, FL 33166			Mailing Address 7045 N.W. 46 STREET MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03252005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-0867653				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALEMAN, RAIMUNDO 7045 N.W. 46 ST. MIAMI, FL 33166			Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RICHARD FOSTER & CO. LLC 7045 NW 46 STREET MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEMAN & CO. LLC 7045 NW 46 STREET MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BADAL & CO. LLC 7045 NW 46 STREET MIAMI, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			000000290608 04/06/05-80076-008 50.00		
SIGNATURE: <i>Raimundo Aleman</i> <i>Managing Member</i> 04/04/05 305-591-5678 ext 22.					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					