

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # L98000002624****1. Entity Name**  
**BLUE CHIP INVESTMENT GROUP, L.C.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB -7 AM 11:14

**Principal Place of Business**  
111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO FL 32801**Mailing Address**  
111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO FL 32801-2361

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number** 59-3190269Applied For  
Not Applicable

Zip Country

Zip Country

**5. Certificate of Status Desired** ☐ **\$5.00** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SHAMS, MAURICE  
111 N. ORANGE AVENUE, SUITE 1200  
ORLANDO FL 32801

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.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS/MEMBERS****10. ADDITIONS/CHANGES****TITLE** MGR ☐ Delete  
**NAME** SHAMS, MAURICE  
**STREET ADDRESS** 111 N. ORANGE AVENUE, SUITE 1200  
**CITY-ST-ZIP** ORLANDO FL 32801**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)