

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90048 004 ****50.00

DOCUMENT # L99000005326					
1. Entity Name BLUEFISH LAGOON, L.C.					
Principal Place of Business 2704 HIBISCUS COURT PUNTA GORDA, FL 33950			Mailing Address P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447		
2. Principal Place of Business		3. Mailing Address 99 NESBIT STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State PUNTA GORDA, FL		4. FEI Number 65-0943141	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33950		Country US		Applied For Not Applicable	
6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA, FL 33950			7. Name and Address of New Registered Agent 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 PALM VENTURE PARTNERS 1, LTD. 2704 HIBISCUS COURT PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDDLESEX GARDENS, LLC POST OFFICES BOX 27 FREDONIA, NY 14063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDDLESEX GARDENS, LLC POST OFFICES BOX 27 FREDONIA, NY 14063	<input type="checkbox"/> Delete			
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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: <i>Richard D. Palmer</i> 4/28/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					
RICHARD D. PALMER					