## 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900005559  1. Entity Name  BLUE SUN ENTERPRISES, LLC					DIV	FILED SECRETARY OF STATE ISION OF CORPORATIONS		
						DOT O INIL OR	•	
Principal Place of Business Mailing Address					] UL	OCT -3 AMII: 02 _	$\sim 1$	
1744 LENOX AVENUE 1744 LENOX AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139								
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Principal Place of Business     Mailing Address						#	:0141	<b>                                    </b>
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS S	PACE	
City & State	City & State City & State					optied for	———	oplied For ot Applicable
Žip	Country Zip		Country		5. Certi	ficate of Status Desired	\$5.00 Add	
8. Name and Address of Current Re		Registered Agent			7. Nam	e and Address of New Registered A	Fee Required gent	<u></u>
				Name				
FILINGS, INC.  3732 NORTHWEST 16TH STREET				Street Address (P.O. Box Number is Not Acceptable)				
FORT LAUDERDALE FL 33311								
				City		FL	Zip Code	a
8. The above	named entity submits this statement for	or the ourpose of changing its	register	ed office or register	red agent,	or both, in the State of Florida.	<del>-!</del>	
1. 13 5/1/2								
SIGNATURE _	Signature, typed or printed hame of registered agent	and title if applicable. (NOTE	: Registere	ed Agent signature required	d when reinstati		700	—
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11: I hereby c	ertify that the information supplied wit	h this filing does not qualify for	the exe	emption stated in Se	ection 119.	07(3)(i), Florida Statutes. I further cert	ify that the ir	nformation or of the
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.								
A STATE DECLUDED								
SIGNAT	URE: X SIGNATURE AND TOPED OR BA	HYTED NAME OF SIGNING MANAGING	MEMBER (	OR MANAGER		7/8/00 Date Da	ytime Phone #	
						<del></del>		