

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90012 049 \*\*\*\*\*50.00

DOCUMENT # L99000007110

1. Entity Name

BLUE, L.C.



Principal Place of Business

Mailing Address

~~4675 PONCE DE LEON BLVD., STE. 305~~  
~~CORAL GABLES FL 33146~~

~~4675 PONCE DE LEON BLVD., STE. 305~~  
~~CORAL GABLES FL 33146~~

2. Principal Place of Business

3. Mailing Address

2199 Ponce de Leon Blvd

2199 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

Coral Gables FL

Coral Gables FL

Zip

Country

Zip

Country

33134

USA

33134

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0953910

Applied For

Not Applicable

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

STINSON, LOUIS JR.

~~4675 PONCE DE LEON BLVD., STE. 305~~  
~~CORAL GABLES FL 33146~~

Name

Stewart Agent Services

Street Address (P.O. Box Number is Not Acceptable)

2199 Ponce de Leon Blvd

Suite 301

City

Coral Gables

FL

Zip Code

33134

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]*

manager

3/26/03

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	HARRINGTON, NEAL L	
STREET ADDRESS	4150 BAY POINT ROAD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARRINGTON, STEPHEN C	
STREET ADDRESS	4550 BAY POINT ROAD	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	STINSON, LOUIS JR.	
STREET ADDRESS	4675 PONCE DE LEON BLVD., STE. 305	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stinson, Louis Jr	
STREET ADDRESS	2199 Ponce de Leon Blvd - #301	
CITY-ST-ZIP	Coral Gables FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/03

305-444-8807

Date

Daytime Phone #

CR2E083 (10/02)