
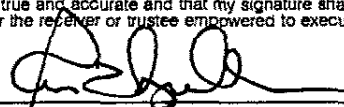


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000008467		
1. Entity Name BLUE RIBBON REALTY LLC		
Principal Place of Business 8565 STOCKS ROAD JACKSONVILLE, FL 32220		Mailing Address 8565 STOCKS ROAD JACKSONVILLE, FL 32220
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NORMAN P. FREEDMAN, P.A. 525 NORTH NEWMAN STREET JACKSONVILLE, FL 32202		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LACHAPPELLE, GUY 8565 STOCKS ROAD JACKSONVILLE, FL 32220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAW, ROY 8565 STOCKS ROAD JACKSONVILLE, FL 32220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		1/5/07 (904) 786-5503
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01052007 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 59-3111868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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02/15/07-80069-021 50.00

**DO NOT WRITE
IN THIS SPACE**