

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008467

FILED  
May 18, 2009  
Secretary of State

**Entity Name:** BLUE RIBBON REALTY LLC

**Current Principal Place of Business:**

8565 STOCKS ROAD  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

8565 STOCKS ROAD  
JACKSONVILLE, FL 32220

**New Mailing Address:**

FEI Number: 59-3111868      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NORMAN P. FREEDMAN, P.A.  
525 NORTH NEWNAN STREET  
JACKSONVILLE, FL 32202 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LACHAPELLE, GUY  
Address: 8565 STOCKS ROAD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: MGRM ( ) Delete  
Name: SHAW, ROY  
Address: 8565 STOCKS ROAD  
City-St-Zip: JACKSONVILLE, FL 32220

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUY LACHAPELLE

MGRM

05/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date