2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003077

Entity Name: FSP BLUE LAGOON DRIVE LLC

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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401 EDGEWATER PLACE, STE. 200 WAKEFIELD, MA 01880

Current Mailing Address: New Mailing Address:

401 EDGEWATER PLACE, STE. 200 WAKEFIELD, MA 01880

FEI Number: 20-0221940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

MANAGING MEMBERS/MANAGERS:

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

Electronic elgitatare of registered rigent

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: FSP BLUE LAGOON DRIV, E LLC Naddress: 401 EDGEWATER PLACE, STE. 200 City-St-Zip: WAKEFIELD, MA 02152 US Title: MGRM (X) Change () Addition Name: FSP BLUE LAGOON DRIV, E LLC Address: 401 EDGEWATER PLACE, STE. 200 City-St-Zip: WAKEFIELD, MA 02152 US City-St-Zip: WAKEFIELD, MA 01880 US

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CARTER, GEORGE
 Name:

 Address:
 401 EDGEWATER PLACE, STE. 200
 Address:

 City-St-Zip:
 WAKEFIELD, MA 01880
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name:FOURNIER, BARBARAName:Address:401 EDGEWATER PLACE, STE. 200Address:City-St-Zip:WAKEFIELD, MA 01880City-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: BARBARA J. FOURNIER MGRM 04/26/2007