

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003099

FILED
Jan 11, 2007
Secretary of State

Entity Name: THE BLUE RIVER GROUP, LLC

Current Principal Place of Business:

360 INTERSTATE NORTH PKWY SE
SUITE 375
ATLANTA, GA 30339

New Principal Place of Business:

Current Mailing Address:

360 INTERSTATE NORTH PKWY SE
SUITE 375
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 31-1833802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS INC.
773 4TH AVE. NORTH
SUITE E
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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: CLAY, JONATHAN
Address: 360 INTERSTATE NORTH PKWY. SUITE 375
City-St-Zip: ATLANTA, GA 30339

Title: MGRM () Delete
Name: LEROUX, HELARI
Address: 360 INTERSTATE NORTH PKWY. SUITE 375
City-St-Zip: ATLANTA, GA 30339

Title: MGRM () Delete
Name: FEINSTEIN, ROBERT
Address: 360 INTERSTATE NORTH PKWY. SUITE 375
City-St-Zip: ATLANTA, GA 30339

ADDITIONS/CHANGES:

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

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 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: HELARI LEROUX

MGRM

01/11/2007

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