

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # M05000000469

1. Entity Name
BLUEVIEW GOLF VILLAS, LLC



FILED
08 OCT 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
120 NE 27TH ST, BAY 500
MIAMI, FL 33137

Mailing Address
120 NE 27TH ST, BAY 500
MIAMI, FL 33137



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

10022008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

20-2257477

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

A & W AGENTS, INC.
2101 CORPORATE BLVD., SUITE 107
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME KAUFMAN, JERRY
STREET ADDRESS 2750 NE 185 ST STE 201
CITY-ST-ZIP MIAMI, FL 33180

TITLE MGRM ☐ Change ☒ Addition
NAME SCHAUPP, RICHARD H.
STREET ADDRESS 5300 NW 87TH AVENUE
CITY-ST-ZIP MIAMI, FLORIDA 33178

TITLE MGRM ☒ Delete
NAME COHEN, ABRAHAM
STREET ADDRESS 2750 NE 185 ST STE 201
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700137109527
CITY-ST-ZIP 10/21/08--01009--001 **50.00

TITLE MGRM ☒ Delete
NAME JAIN, AVRA
STREET ADDRESS 2750 NE 185 ST STE 201
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☒ Delete
NAME MURPHY, PAUL
STREET ADDRESS 2750 NE 185 ST STE201
CITY-ST-ZIP MIAMI, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

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

Date

Daytime Phone #

Richard Schupp 10/2/08 300 444.5002