

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001111

FILED
Apr 28, 2009
Secretary of State

Entity Name: BLUEGREEN INTERIORS LLC

Current Principal Place of Business:

4960 CONFERENCE WAY NORTH
SUITE 100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY NORTH
SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0929952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: WARDAK, AHMAD
Address: 4960 CONFERENCE WAY NORTH, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: MALONEY, JOHN M
Address: 4960 CONFERENCE WAY NORTH, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: PULEO, ANTHONY M
Address: 4960 CONFERENCE WAY NORTH, SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Delete
Name: HERZ, ALLAN J
Address: 4960 CONFERENCE WAY NORTH SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: VP (X) Delete
Name: DODD, TERRY
Address: 4960 CONFERENCE WAY NORTH SUITE 100
City-St-Zip: BOCA RATON, FL 33431

Title: S (X) Delete
Name: MARTIN, JAMES R
Address: 4960 CONFERENCE WAY NORTH SUITE 100
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: ANTHONY M. PULEO

MGR

04/28/2009

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