


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90375 023 ****50.00

DOCUMENT # L00000001898

1. Entity Name
 BLUEWATER BAY TENNIS CENTER, L.C.



Principal Place of Business
 777 BAY DRIVE
 NICEVILLE, FL 32578

Mailing Address
 777 BAY DRIVE
 NICEVILLE, FL 32578



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 4540 Highway 20 East
 City & State
 Niceville, FL
 Zip
 32578 Country
 US

3. Mailing Address
 Suite, Apt. #, etc.
 4540 Highway 20 East
 City & State
 Niceville, FL
 Zip
 32578 Country
 US

03212007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 59-3633947 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIVAN, JEROME A
 4540 HIGHWAY 20 EAST
 NICEVILLE, FL 32578

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAIBERL, BERT 1386 SUNSET BEACH DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAIBERL, ILSE 1386 SUNSET BEACH DRIVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4540 Highway 20 East Niceville, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4540 Highway 20 East Niceville, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Delese Davis, Office Mgr Date: 4/15/2007 Daytime Phone #: (850)897-6430 x11

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