## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 02, 2005 8:00 am Secretary of State **DOCUMENT # L02000004561** 05-02-2005 90370 032 \*\*\*\*50.00 BLUEWATER DEVELOPMENT OF SARASOTA II. L.L.C. Principal Place of Business Mailing Address 1401 MANATEE AVE W 1401 MANATEE AVE W **STE 510** STE 510 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address 1401 Manatee Ave W 1401 Manatee Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-LLC CR2E083 (10/03) 500 Suite suite City & 4. FEI Number Applied For 51-0457185 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORTON, SAM D 1819 MAIN STREET SUITE 610 Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City 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) DATÉ Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TIT1 F TETLE ☐ Change ☐ Addition Delete MORRIS, TIMOTHY J NAME 328 SOUTH SHORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete mir ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NG MANAGING MEMBER, MANAGER, OR ALITHORIZED REPRESENTATIVE

FILED