

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019037

FILED
Jan 16, 2009
Secretary of State

Entity Name: BLUE WATER II, LLC

Current Principal Place of Business:

725 NE 26TH AVE
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

725 NE 26TH AVE
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 34-1988107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAAVEDRA, DAMASO W ESQ.
312 S.E. 17TH STREET, SECOND FLOOR
SAAVEDRA PELOSI GOODWIN & HERMAN
FT. LAUDERDALE, FL 33316 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: O'LEARY, MICEAL J
Address: 2129 NE 61ST CT
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGR () Delete
Name: SAAVEDRA, DAMASO W
Address: 312 S.E. 17TH STREET 2ND FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR () Delete
Name: PATEL, PRAKASH
Address: 725 NE 26TH AVE
City-St-Zip: FT. LAUDERDALE, FL 33304

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 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: PRAKASH PATEL

MEMB

01/16/2009

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