# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 10, 2009**
**Secretary of State**

DOCUMENT# L06000064020

**Entity Name:** BLUE WATER STORAGE CENTER, LLC

**Current Principal Place of Business:**

2760 NORTH UNIVERSITY DRIVE
DAVIE, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

2760 NORTH UNIVERSITY DRIVE
DAVIE, FL 33024 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVENUE
SECOND FLOOR
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

MIAMI CORPORATE SYSTEMS, LLC
283 CATALONIA AVENUE
SECOND FLOOR
CORAL GABLES, FL 33134 US

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: MIAMI CORPORATE SYSTEMS, LLC 03/10/2009
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: VIÑAS, HECTOR
Address: 2760 NORTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33024 US

Title: MGR ( ) Delete
Name: RASCO, RAMON E
Address: 283 CATALONIA AVENUE, SECOND FLOOR
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

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: VIÑAS, HECTOR MGR 03/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date