

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

MJJH

0007278 AT

DOCUMENT # A01000000890



1. Entity Name
BLUEWATER1, LIMITED PARTNERSHIP

FILED
03 APR 18 PM 1:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 4556 KNOLLWOOD LANE NICEVILLE FL 32578	Mailing Address 4556 KNOLLWOOD LANE NICEVILLE FL 32578
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4/18

DUE BY MAY 1, 2003

4. FEI Number **59-3731507** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, CHRIS S
4556 KNOLLWOOD LANE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P97000079341	STREET ADDRESS	
NAME	A2Z TECHNOLOGIES CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	4516 HIGHWAY 20 EAST, PMB 210		
CITY-ST-ZIP	NICEVILLE FL 32578		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4-14-03 850-830-6073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)