

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008773

DOCUMENT # L01000004127

1. Entity Name

BLUE WATER PARTNERS LLC

FILED

02 SEP 12 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

0008773



9/12

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1116 AVOCADO ISLE  
FORT LAUDERDALE FL 33315

1116 AVOCADO ISLE  
FORT LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1084211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code  
33145

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. **Spiegel & Utrera, P.A.**

SIGNATURE

By:

Signature, typed or printed name of registered agent or authorized representative.

(If Registered Agent signature required when reinstating)

DATE

**Natasha Utrera, Vice President**

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
AKERS, TIMOTHY R  
1116 AVOCADO ISLE  
FORT LAUDERDALE FL 33315 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
AKERS, CHRISTINA  
1116 AVOCADO ISLE  
FORT LAUDERDALE FL 33315 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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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.

SIGNATURE:

*Signature of Representative*

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

9/10/02 954-767-0854

Date

Daytime Phone #

CR2E083 (4/02)