

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004127

FILED  
May 02, 2006  
Secretary of State

Entity Name: BLUE WATER PARTNERS LLC

**Current Principal Place of Business:**

1116 AVOCADO ISLE  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350542  
FORT LAUDERDALE, FL 33335

**New Mailing Address:**

FEI Number: 65-1084211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AKERS, TIMOTHY R  
P.O. BOX 350542  
FT. LAUDERDALE, FL 33335      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AKERS, TIMOTHY R  
Address: 1116 AVOCADO ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR ( ) Delete  
Name: AKERS, CHRISTINA  
Address: 1116 AVOCADO ISLE  
City-St-Zip: FORT LAUDERDALE, FL 33315

**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 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: TIMOTHY R. AKERS

MGRM

05/02/2006

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