

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90997 029 \*\*\*\*50.00

DOCUMENT # L01000021935

Entity Name

BLUEWATER DEVELOPMENT OF  
SARASOTA, LLC

**DO NOT WRITE IN THIS SPACE**

Principal Place of Business

328 South Shore Dr

Suite, Apt. #, etc.

3. Mailing Address

328 South Shore Dr

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

Zip 34234

Country USA

City & State

SARASOTA FL

Zip 34234

Country USA

4. FBI Number

60-0000543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

SAM D. NORTON

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

1819 MAIN ST

SUITE 610

City

SARASOTA

FL

Zip Code

34236

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

**MANAGING MEMBERS/MANAGERS**

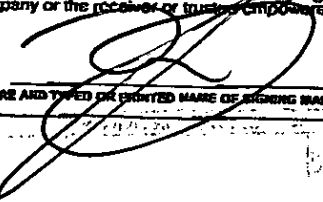
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|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TIMOTHY J. MORRIS, MGR<br>328 South Shore Dr<br>SARASOTA FL 34234 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   |
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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.

SIGNATURE:



TIMOTHY J. MORRIS MGR 4-22-03 (941) 360-9781

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

Date

Daytime Phone

CR2E083B (12/01)