

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003095

1. Entity Name  
BLUE WATER IMAGING, LTD. CO.



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 APR 26 PM 1:43

Principal Place of Business  
919 WAVERLY RD.  
TALLAHASSEE, FL 32312

Mailing Address  
919 WAVERLY RD.  
TALLAHASSEE, FL 32312



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2304736

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEWIS, BEECHER  
919 WAVERLY RD.  
TALLAHASSEE, FL 32312

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

04/28/04--01018--001 \*\*100.00  
100034378851  
04/28/04--01018--001 \*\*100.00

**Filing Fee is \$50.00  
Due by May 1, 2004**

100034378851  
04/28/04--01018--001 \*\*100.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
LEWIS, BEECHER C  
919 WAVERLY RD.  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 BEECHER C. LEWIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/04

Date

850-508-0100

Daytime Phone #