2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014250

1. Entity Name
BLUE WATER GRILL, L.L.C.

FILED
03 MAR 12 PM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5250 TOWN CENTRE CIRCLE, SUITE #101 BOCA RATON, FL 33432	5250 TOWN CENTRE CIRCLE, SUITE #101 BOCA RATON, FL 33432

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
NONE	6850 NW 2 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. #11
City & State	City & State BOCA RATON, FL
Zip / Country	Zip 33487 / Country

4. FEI Number 51-0416860 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, MARK A ESQ.
60 S.E. 4TH AVE.
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name ROBERT P. LANE
Street Address (P.O. Box Number is Not Acceptable) 6850 NW 2ND 2N AVE
APT #11
City BOCA RATON, FL Zip Code 33487

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] ROBERT P. LANE MGRM 3.12.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. MGRM ROBERT P. LANE 6850 NW 2ND AVE #11 BOCA RATON, FL. 33487 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 10001394001 03/12/03--01057--012 **50.00
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CR2E083 (10/02)

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] ROBERT P. LANE MGRM 3.12.03 561-715-4032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #