2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019065

1. Entity Name

BLUE WATER INVESTMENTS OF NORTH FLORIDA, LLC



FILED Feb 14, 2004 08:00 AM Secretary of State

GR2F083 (10/03)

Principal Place of Business

Mailing Address

3600 VIA DEL MAR

FERNANDINA BEACH, FL 32034

P.O. BOX 1054

BRUNSWICK, GA 31521

US



DO NOT WRITE IN THIS SPACE

02102004 No Chg-LLC

4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired 5.00 Additional Fee Required Fee Required

6. Name and Address of Current Registered Agent

LEMMOND, RONNIE G 3600 VIA DEL MAR FERNANDINA BEACH, FL 32034

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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 aignature required which remainting)

DATE

Filing Fee is \$50.00 Due by May 1, 2004 U00000051346 02/16/04-80048-009 50.00

9. MANAGING MEMBERS/MANAGERS MGRM TITLE LEMMOND, RONNIE G NAME 3600 VIA DEL MAR STREET ADDRESS CITY-ST ZIP FERNANDINA BEACH, FL 32034 MGRM TITLE NAME SAMUEL, GARY W 497 BARBER RD STREET ADDRESS WOODBINE, GA 31569 CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TITLE MAME STREET ADDRESS CITY - ST - ZIP DIE NAME STREET ADDRESS CITY ST-ZIP

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(). Fiorida Statutes, I further certify that the information indicated on this reped is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

2/12/04

912-264-195-

DayLing Phone # 3()09