FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92177 029 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000022264

1. Entity Name
BLUEWATER PROPERTIES, LLC

Principal Place of Business	Mailing Address
13010 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181	13010 BISCAYNE ISLAND TERRACE NORTH MIAMI, FL 33181

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12864 Biscayne Blvd	12864 Biscayne Blvd
Suite, Apt. #, etc. # 111	Suite, Apt. #, etc. # 111
City & State N. Miami, FL	City & State N. Miami, FL
Zip 33181 County Miami-Dade	Zip 33181 Country

4. FEI Number 03-0482575 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

KAMILAR, MARK A
2921 S.W. 27TH AVENUE
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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) DATE

FILE NOW!! Fee is $50.00 Make Checks 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	Manager Andrew Smoak 2453 S. Bayshore Drive Coconut Grove, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 4/28/03 (305) 761-2953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #