

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90431 046 \*\*\*\*50.00

<b>DOCUMENT # L03000013624</b> 1. Entity Name <b>BLUEWATERS REALTY-LLC</b>			
Principal Place of Business <b>16396 EAST DOWNERS DR. LOXAHATCHEE, FL 33470</b>		Mailing Address <b>16396 EAST DOWNERS DR. LOXAHATCHEE, FL 33470</b>	
2. Principal Place of Business <b>509 CALIFORNIA AVE. SUITE, APT. #, ETC. STUART, FL 34994</b>		3. Mailing Address <b>1136 SE SAINT LUCIE BLVD SUITE, APT. #, ETC. STUART, FL 34996</b>	
City & State <b>34994</b>		City & State <b>34996</b>	
Zip <b>34994</b>	Country 	Zip <b>34996</b>	Country 
4. FEI Number <b>32-0071602</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MAXWELL, DEBRA 16396 EAST DOWNERS DR. LOXAHATCHEE, FL 33470</b>		7. Name and Address of New Registered Agent Name <b>Debra Maxwell</b> Street Address (P.O. Box Number is Not Acceptable) <b>1136 S.E. SAINT LUCIE BLVD</b> <b>STUART</b> City <b>STUART</b> FL Zip Code <b>34996</b>	
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 <b>Debra Maxwell</b> DATE <b>3/10/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MANAGER Debra Maxwell 1136 SE SAINT LUCIE BLVD STUART, FL 34996</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Debra Maxwell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>3/10/04</b> Daytime Phone # <b>772-781-7300</b>	