


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90073 050 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                        |                                                                                                                                                                               |                                                                                                        |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------|
| DOCUMENT # L03000013624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                        |                                                                                                                                                                               |                       |                                 |
| <b>1. Entity Name</b><br>BLUEWATERS REALTY LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                        |                                                                                                                                                                               |                                                                                                        |                                 |
| <b>Principal Place of Business</b><br>509 CALIFORNIA AVE.<br>STUART, FL 34994                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                        | <b>Mailing Address</b><br>1136 SE SAINT LUCIE BLVD.<br>STUART, FL 34996                                                                                                       |                                                                                                        |                                 |
| <b>2. Principal Place of Business</b><br>2424 SE INDIAN ST.<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | <b>3. Mailing Address</b><br>2424 SE INDIAN ST.<br>Suite, Apt. #, etc. |                                                                                                                                                                               |                                                                                                        |                                 |
| <b>City &amp; State</b><br>STUART FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>City &amp; State</b><br>STUART FL                                   |                                                                                                                                                                               | <b>4. FEI Number</b><br>32-0071602                                                                     |                                 |
| <b>Zip</b><br>34997                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | <b>Country</b><br>USA                                                  |                                                                                                                                                                               | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                 |
| <b>6. Name and Address of Current Registered Agent</b><br>MAXWELL, DEBRA<br>1136 SE SAINT LUCIE BLVD.<br>STUART, FL 34996                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                        | <b>7. Name and Address of New Registered Agent</b><br>Name: SAME<br>Street Address (P.O. Box Number is Not Acceptable): 2424 SE INDIAN ST.<br>City: STUART FL Zip Code: 34997 |                                                                                                        |                                 |
| <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.</b>                                                                                                                                                                                                                                                                                 |                                 |                                                                        |                                                                                                                                                                               |                                                                                                        |                                 |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                        |                                                                                                                                                                               |                                                                                                        |                                 |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | <b>Make check payable to Florida Department of State</b>               |                                                                                                                                                                               |                                                                                                        |                                 |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                        | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                  |                                                                                                        |                                 |
| <b>TITLE</b><br>MGR<br><b>NAME</b><br>MAXWELL, DEBRA<br><b>STREET ADDRESS</b><br>1136 SE SAINT LUCIE BLVD.<br><b>CITY - ST - ZIP</b><br>STUART, FL 34996                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                        | <b>TITLE</b><br>SAME<br><b>NAME</b><br>SAME<br><b>STREET ADDRESS</b><br>2424 SE INDIAN ST.<br><b>CITY - ST - ZIP</b><br>STUART, FL 34997                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                           |                                 |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                        | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                 |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                        | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                 |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                        | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                 |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                        | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                 |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete |                                                                        | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                 |
| <b>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.</b> |                                 |                                                                        |                                                                                                                                                                               |                                                                                                        |                                 |
| <b>SIGNATURE:</b> <u>Debra Maxwell</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                        | 1/25/05<br>Date                                                                                                                                                               |                                                                                                        | 772-781-7330<br>Daytime Phone # |