


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90020 032 ****55.00

DOCUMENT # L03000035467 1. Entity Name BLUEWATERACCESS YACHTS, LLC			
Principal Place of Business 6058 DREXEL RD. LAND O LAKES, FL 34639		Mailing Address 6058 DREXEL RD. LAND O LAKES, FL 34639	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5408 St James Drive Suite, Apt. #, etc.	
City & State		City & State New Port Richey, FL	
Zip	Country	Zip 34652	Country USA
4. FEI Number 54-2128283		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMER DIVERSIFIED VENTURES, INC. 6058 DREXEL RD. LAND O LAKES, FL 34639		7. Name and Address of New Registered Agent Name Kelly Drew Street Address (P.O. Box Number is Not Acceptable) 5408 St James Drive City New Port Richey FL Zip Code 34652	
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 <u>Kelly L Drew</u> Kelly Drew DATE 4-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALMER DIVERSIFIED VENTURES, INC. 6058 DREXEL RD. LAND O LAKES, FL 34639	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Kelly L Drew</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4-27-04	Daytime Phone # 813 918 1447