2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

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Entity Name: BLUE WATER PROPERTY MANAGEMENT, L.L.C.

Current Principal Place of Business:

9204 ARLINGTON EXPRESSWAY
JACKSONVILLE, FL 32225

New Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 404
JACKSONVILLE, FL 32216

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 20-0497504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHEAL N
5150 BELFORT RD, BLDG 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROLEWICZ, MICHAEL
Address: 9204 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGRM ( ) Delete
Name: ROLEWICZ, NATALIE
Address: 9204 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROLEWICZ, MICHAEL
Address: 6817 SOUTHPOINT PARKWAY, SUITE 404
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Change ( ) Addition
Name: ROLEWICZ, NATALIE
Address: 6817 SOUTHPOINT PARKWAY, SUITE 404
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL ROLEWICZ MGRM 04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date