

ANNUAL REPORT

DOCUMENT # L04000000640

1. Entity Name
BLUEWATER BOBCAT LLC



Principal Place of Business
620 NORTH WILLOW STREET
CLEWISTON, FL 33440

Mailing Address
620 NORTH WILLOW STREET
CLEWISTON, FL 33440

FILED
May 01, 2006 08:00 AM
Secretary of State



04102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, GAIL
620 NORTH WILLOW STREET
CLEWISTON, FL 33440

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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 Roger Schultz
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-20-06
DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, ROGER 620 NORTH WILLOW STREET CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, GAIL 620 NORTH WILLOW STREET CLEWISTON, FL 33440
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05/13/06-80029-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gail Schultz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-06 863-902-0477
Date Daytime Phone #