


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90020 019 \*\*\*\*50.00

<b>DOCUMENT # L04000002691</b> 1. Entity Name <b>BLUE WATERS LOUNGE, LLC</b>					
Principal Place of Business <b>7105 BIG DADDY DRIVE</b> <b>PANAMA CITY BEACH, FL <del>32407</del> 32408</b>			Mailing Address <del>P.O. BOX 18185</del> <b>7105 Big Daddy Drive</b> <b>PANAMA CITY BEACH, FL <del>32417</del> 32408</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>05-0594266</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STROHMAN, DAVID A</b> <b>520 BECKRIDGE RD.</b> <b>PANAMA CITY BEACH, FL 32407</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>STROHMAN, DAVID A</b>		STREET ADDRESS	<b>Lorraine R. Hyland</b>	
CITY-ST-ZIP	<b>P.O. BOX 18185</b>		CITY-ST-ZIP	<b>7105 Big Daddy Drive</b>	
	<b>PANAMA CITY, FL 32417</b>			<b>Panama City Beach, FL 32408</b>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	<b>Manager</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Steven Weiderman</b>	
				<b>7105 Big Daddy Drive</b>	
				<b>Panama City Beach, FL</b>	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	<b>32408</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: David A. Strohman</b>			<b>4-11-06 920-737-0299</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		