


FILED
Apr 25, 2007 8:00 am
Secretary of State

60040014

DOCUMENT # L04000006257 1. Entity Name BLUEWATER INTERNATIONAL PROPERTIES, L.L.C.				04-25-2007 90032 037 ****50.00	
Principal Place of Business 2500 NE 15TH AVENUE WILTON MANORS, FL 33305		Mailing Address 2500 NE 15TH AVENUE WILTON MANORS, FL 33305			
2. Principal Place of Business - No P.O. Box # 4640 N. FEDERAL HIGHWAY		3. Mailing Address 4640 N. FEDERAL HIGHWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LIGHTHOUSE POINT FL		City & State LIGHTHOUSE POINT FL		4. FEI Number 20-0660469	
Zip 33064		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent EARNST, MARY M 500 SE 15TH STREET, SUITE 106 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name DEAN J. TRAN TALIS Street Address (P.O. Box Number is Not Acceptable) 2251 NILTON DRIVE City NILTON MANORS FL Zip Code 33305			
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM CODELLA, JEFFREY L 2500 NE 15TH AVENUE WILTON MANORS, FL 33305			TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM CODELLA, JEFFREY L. 4640 N. FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			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			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<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 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: Jeffrey L. Codella 4/4/07 954 649-8777					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					