



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90123 006 ***138.75

DOCUMENT # L04000024911 1. Entity Name BLUEWATER LAND HOLDINGS LLC					
Principal Place of Business 3705 DELWOOD DRIVE PANAMA CITY BEACH, FL 32408 US			Mailing Address 3705 DELWOOD DRIVE PANAMA CITY BEACH, FL 32408 US		
2. Principal Place of Business - No P.O. Box # 430 W. 5th St.		3. Mailing Address 430 W. 5th St.		 60006321 01142008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 310		Suite, Apt. #, etc. Suite 310			
City & State Panama City FL		City & State Panama City FL			
Zip 32401		Zip 32401			
Country USA		Country USA		4. FEI Number 77-0629121	
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 BENNETT, DERRICK 109 HARRISON AVE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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><i>Christopher A. Hine</i></u> DATE <u><i>2/4/08</i></u> <small>Signature, typed or printed name of registered agent and instant application. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINE, CHRISTOPHER A 3705 DELWOOD DRIVE PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u><i>Christopher A. Hine, MGR</i></u> <i>2/4/08</i> 850-215-5809 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					