

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041566

FILED
Jan 06, 2009
Secretary of State

Entity Name: BLUEWATER EXCAVATING, L.L.C.

Current Principal Place of Business:

331 N. MAITLAND AVENUE
MAITLAND, FL 32751

New Principal Place of Business:

32200 WEKIVA PINES BOULEVARD
SORRENTO, FL 32776

Current Mailing Address:

331 N. MAITLAND AVENUE
MAITLAND, FL 32751

New Mailing Address:

32200 WEKIVA PINES BOULEVARD
SORRENTO, FL 32776

FEI Number: 36-4558367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TODD, MARK W
331 N. MAITLAND AVENUE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

OSSINSKY, MARC P ESQUIRE
2699 LEE ROAD, SUITE 101
WINTER PARK, FL 32789 US

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: MARC P. OSSINSKY

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TODD, MARK W
Address: 331 NORTH MAITLAND AVENUE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Delete
Name: EURE, CLAUDE G
Address: 331 NORTH MAITLAND AVENUE
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EURE, CLAUDE G
Address: 32200 WEKIVA PINES BOULEVARD
City-St-Zip: SORRENTO, FL 32776

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDE G. EURE

MGRM

01/06/2009

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