


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000049585		
1. Entity Name BAVARIA BLUEWATER, LLC		
Principal Place of Business 4502 HIGHWAY 20 EAST, STE. A NICEVILLE, FL 32578	Mailing Address 4502 HIGHWAY 20 EAST, STE. A NICEVILLE, FL 32578	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PITELL, LISA Y 4 ELEVENTH AVENUE, STE. ONE SHALIMAR, FL 32579		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VON-PFETTEN-ARNBACH, BERTHOLD FREIH 4502 HIGHWAY 20 EAST, STE. A NICEVILLE, FL 32578	
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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: <i>[Signature]</i> CPOA <i>D. Tim Hernandez</i> 1/6/06 850-897-4333		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1430012

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required