


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90105 003 ****50.00

| | |
|--|---|
| DOCUMENT # L04000073750 |  |
| 1. Entity Name BACKWATER "LLC" | |

| | |
|---|---|
| Principal Place of Business HC 3 BOX 98710 MEXICO BEACH, FL 32456 | Mailing Address HC 3 BOX 98710 MEXICO BEACH, FL 32456 |
|---|---|

20052398



04142005 Chg-LLC CR2E083 (10/03)

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|-------------------------------------|--|
| 4. FEI Number APPLIED FOR | 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 EUBANKS, CLAY T HC 3 BOX 98710 MEXICO BEACH, FL 32456 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL 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.

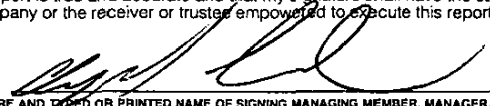
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EUBANKS, CLAY T HC 3 BOX 98710 MEXICO BEACH, FL 32456 <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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | 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 exempted indicated on this report is true and accurate and that my signature shall have the same legal limited liability company or the receiver or trustee empowered to execute this report as required in Section 119.07(3)(i), Florida Statutes. I further certify that the information set as if made under oath; that I am a managing member or manager of the by Chapter 608, Florida Statutes.

SIGNATURE:  **5/1/05** **850 648 1010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #