## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000074106

Entity Name: BLUEWATER LLC

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5044 CASPIAN CT 1728 SUMMER DOWN WAY ORLANDO, FL 32819 US JACKSONVILLE, FL 32259 US

Current Mailing Address: New Mailing Address:

5044 CASPIAN CT 1728 SUMMER DOWN WAY ORLANDO, FL 32819 US JACKSONVILLE, FL 32259 US

FEI Number: 20-1906336 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOMBARDI, MICHAEL A
5044 CASPIAN CT
CRLANDO, FL 32819 US
LOMBARDI, MICHAEL A
1728 SUMMER DOWN WAY
JACKSONVILLE, FL 32259 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: 04/25/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition LOMBARDI, MICHAEL A LOMBARDI, MICHAEL A Name: Name: Address: 5044 CASPIAN CT Address: 1728 SUMMER DOWN WAY City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition Name: LOMBARDI, TOBY S Name: LOMBARDI, TOBY S Address: 5044 CASPIAN CT Address: 1728 SUMMER DOWN WAY City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL A LOMBARDI MR. 04/25/2005