

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90155 002 ****55.00

DOCUMENT # L04000089693

1. Entity Name
BLUE WATER PROPERTIES LLC



Principal Place of Business
**1929 PORTAGE LANDING NORTH
NORTH PALM BEACH, FL 33408**

Mailing Address
**1929 PORTAGE LANDING NORTH
NORTH PALM BEACH, FL 33408**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2001402

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**METZGER, JOHN ESQ
250 AUSTRALIAN AVENUE SOUTH, SUITE 700
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **WENDY MENDELSON**

Street Address (P.O. Box Number is Not Acceptable)

1929 PORTAGE LANDING NORTH

City **North Palm Beach**

FL Zip Code **33408**

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 **WENDY MENDELSON**

Signature, typed or printed name of registered agent, and title if applicable.

Wendy Mendelson

(NOTE: Registered Agent signature required when reinstating)

1/24/2006

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MENDELSON, WENDY**
STREET ADDRESS **1929 PORTAGE LANDING NORTH**
CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Wendy Mendelson**

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

1/24/2006

Date

561.776.8251

Daytime Phone #