2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091443

Entity Name: BLUE WATER SPORT FISHING CLUB, LLC

FILED Apr 09, 2008 Secretary of State

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

6942 PHILLIPS PARKWAY DRIVE, N. JACKSONVILLE, FL 32256 US

Current Mailing Address: New Mailing Address:

P.O. BOX 2842 P.O. BOX 50648

PONTE VEDRA BEACH, FL 32004 US JACKSONVILLE BEACH, FL 32250 US

FEI Number: 86-1124247 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:

WICKER, JONATHAN C 6942 PHILLIPS PARKWAY DRIVE, N. JACKSONVILLE, FL 32256 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

PONTE VEDRA BEACH, FL 32004 US

RS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: WICKER, JONATHAN C Name: WICKER, JONATHAN C

Name: WICKER, JONATHAN C Name: WICKER, JONATHAN C Address: P.O. BOX 50648

City-St-Zip: PONTE VEDRA BEACH, FL 32004 US City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: SAIG, GREGORY Name: SAIG, GREGORY

Address: PO BOX 2842 Address: PO BOX 50648
City-St-Zip: PONTE VEDRA BEACH, FL 32004 US City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: CHAPPELL, PÉRRY A Name: CHAPPELL, PÉRRY A

Address: PO BOX 2842 Address: PO BOX 50648

City-St-Zip: PONTE VEDRA BEACH, FL 32004 US City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM (X) Delete Title: () Change () Addition

Name: COLEMAN, GARY Name:
Address: PO BOX 2842 Address:

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.

City-St-Zip:

SIGNATURE: JONATHAN C. WICKER MGRM 04/09/2008