2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Aug 28, 2006 8:00 am
Secretary of State
06-13-2006 90103 015 ****50.00

DOCUMENT # L05000000936

1. Entity Name
BLUEWATER WOODWORKS LLC

Principal Place of Business	Mailing Address
175 WOODLAND AVE. ORMOND BEACH, FL 32174	175 WOODLAND AVE. ORMOND BEACH, FL 32174

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08092006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3660 PINYON LN	3660 PINYON LN
Suite, Apt. #, etc. ORMOND BCH	Suite, Apt. #, etc. ORMOND BCH
City & State FL	City & State FL
Zip 32174 Country	Zip 32174 Country

4. FEI Number 21-055[illegible]2 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DANIEL
175 WOODLAND AVE.
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name DAN ROSS
Street Address (P.O. Box Number is Not Acceptable)
3660 PINYON LN
City ORMOND BCH **FL** Zip Code 32174

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 [signature] DAN ROSS 8/5/06
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elice Ross MANAGER 3660 PINYON LN ORMOND BCH FL 32174 ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DAN ROSS 3660 PINYON LN ORMOND BCH FL 32174 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALREADY PAID FOR ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 8/5/06 386-562-3262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE / Date / Daytime Phone #