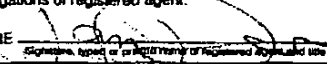


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 175 WOODLAND AVE. ORMOND BEACH, FL 32174		Mailing Address 175 WOODLAND AVE. ORMOND BEACH, FL 32174	
2. Principal Place of Business 3660 Pinyon Ln		3. Mailing Address 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 21-0552032		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 		DATE 8/5/06	
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 ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☒ Addition NAME Elke Ross STREET ADDRESS 3660 Pinyon Ln CITY-ST-ZIP ORMOND Bch FL 32174	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☒ Addition NAME DAN ROSS STREET ADDRESS 3660 Pinyon Ln CITY-ST-ZIP ORMOND Bch FL 32174	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date 8/5/06 386-566 3262	