2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002772

Entity Name: BLUE WATER V, LLC

Name:

Address:

City-St-Zip:

SCHUMAN, PHILLIP R

60 BAY COLONY LANE

FORT LAUDERDALE, FL 33308

FILED May 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 312 S.E. 17TH STREET SECOND FLOOR FORT LAUDERDALE, FL 33316 **New Mailing Address: Current Mailing Address:** 312 S.E. 17TH STREET SECOND FLOOR FORT LAUDERDALE, FL 33316 FEI Number: 20-2129452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SAAVEDRA, DAMASO W 312 S.E. 17TH STREET SECOND FLOOR FORT LAUDERDALE, FL 33316 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SAAVEDRA, DAMASO W Name: Name: Address: 312 S.E. 17TH STREET, SECOND FLOOR Address: City-St-Zip: FORT LAUDERDALE, FL 33316 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PATEL, PRAKASH Name: Address: 701 N.W. 19TH STREET, SUITE 100 Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition O'LEARY, MICEAL J Name: Name: 701 N.W. 19TH STREET, SUITE 100 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33311 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PRAKASH PATEL MGRM 05/09/2007