


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:10

DOCUMENT # L05000009267 1. Entity Name BLUE WATER REALTY OF GULF COUNTY, L.L.C.					
Principal Place of Business 155 W. HIGHWAY 98 PORT ST. JOE, FL 32456			Mailing Address 155 W. HIGHWAY 98 PORT ST. JOE, FL 32456		
2. Principal Place of Business		3. Mailing Address <i>PO Box 218</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Port St Joe FL</i>		4. FEI Number <i>20-2258026</i>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>32457</i>		Country <i>USA</i>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUREN, GEORGE W 155 W. HIGHWAY 98 PORT ST. JOE, FL 32456			7. Name and Address of New Registered Agent Name <i>Charles Costin Attorney @ Law</i> Street Address (P.O. Box Number is Not Acceptable) <i>413 Williams Ave</i> City <i>Port St Joe</i> FL Zip Code <i>32450</i>		
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 <i>[Signature]</i> DATE <i>10/5/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUREN, HILDA P PO BOX 218 PORT ST. JOE, FL 32457		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Duren, Hilary PO Box 218 Port St Joe, FL 32457	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUREN, GEORGE W PO BOX 218 PORT ST. JOE, FL 32457		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lee Duren PO Box 218 Port St Joe, FL 32457	
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]	
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: <i>George W Duren</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <i>10-5-06</i> Daytime Phone # <i>(850) 229-8398</i>		