## 2007 LIMITED LIABILITY COMPANY

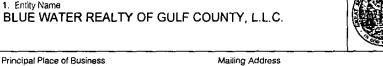
# **ANNUAL REPORT**

#### DOCUMENT # L05000009267

155 W. HIGHWAY 98

PORT ST. JOE, FL 32456

BLUE WATER REALTY OF GULF COUNTY, L.L.C.



PO BOX 218

PORT ST JOE, FL 32457

### FILED Feb 02, 2007 8:00 am **Secretary of State**

02-02-2007 90036 003 \*\*\*\*50.00



#### DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2258026

Applied For Not Applicable

5. Certificate of Status Desired

1-30-07

Date

850- 229- 89.38

Daytime Phone #

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COSTON, CHARLES 413 WILLIAMS AVE PORT ST. JOE, FL 32456

SIGNATURE:

#### DO NOT WRITE IN THIS SPACE

| 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_   | Charles Costin  | <del></del>  | 1-26-67   |
|  | 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<br>Due by May 1, 2007  |   |  |           |
| 9.   | MANAGING MEMBERS/MANAGERS   |  |           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>DUREN, ANNA<br>155 W HWY 98, PO BOX 218<br>PORT ST. JOE, FL 32457     |  |           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>DUREN, LEE<br>155 W HWY 98, PO BOX 218<br>PORT ST. JOE, FL 32457      |  |           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | DO N   | OT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | IN TH  | IIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  | •         |
| 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. |   |  |           |