2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010250

Address:

City-St-Zip:

26351 OLD STATE RD 4A

RAMROD KEY, FL 330425337

Entity Name: BLUE WATER COVE, LLC

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 26351 OLD STATE RD 4A RAMROD KEY, FL 330425337 **Current Mailing Address: New Mailing Address:** 26351 OLD STATE RD 4A RAMROD KEY, FL 330425337 FEI Number: 65-1248477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRADEN, LISA 4623 FOREST HILL BLVD STE 111 WEST PALM BEACH, FL 330425337 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: MGR Title: () Change () Addition () Delete GOMEZ, KATHLEEN Name: Name: Address: 26351 OLD STATE RD 4A Address: City-St-Zip: RAMROD KEY, FL 330425337 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KRAUSE, RUDOLPH G Name: Address: 26351 OLD STATE RD 4A Address: City-St-Zip: RAMROD KEY, FL 330425337 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MACLAREN, GREGORY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: RUDY KRAUSE MBR 01/17/2006