


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90348 022 \*\*\*\*50.00

<b>DOCUMENT # L05000025856</b> 1. Entity Name <b>BLUE WATER HOLDINGS, LLC</b>					
Principal Place of Business <b>712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408</b>			Mailing Address <b>712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408</b>		
2. Principal Place of Business <b>10321 W. ATLANTIC AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>10321 W. ATLANTIC AVE.</b> Suite, Apt. #, etc.			
City & State <b>DELRAY BEACH, FL</b>		City & State <b>DELRAY BEACH, FL</b>		4. FEI Number <b>30-4035685</b>	
Zip <b>33446</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COHEN, FRED C 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH, FL 33408</b>				7. Name and Address of New Registered Agent Name <b>WOLFSON &amp; ASSOCIATES, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2801 N. UNIVERSITY DRIVE</b> <b>SUITE 306</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33065</b>	
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 <b>WOLFSON &amp; ASSOCIATES / Wolfson &amp; Associates</b> DATE <b>2/28/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FINA, ROGER 10321 W. ATLANTIC AVE. DELRAY BEACH, FL 33446</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE: V</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>2-28-06</b> Daytime Phone # <b>561-753 2747</b>	