

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027318

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: BLUE WATER ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

942 ALLEGRO LN.  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

942 ALLEGRO LN.  
APOLLO BEACH, FL 33572

**New Mailing Address:**

FEI Number: 20-2579201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANSBACHER & SCHNEIDER, PA.  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: STERN, JAMIE L  
Address: 7008 SALAMANCA AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: M ( ) Delete  
Name: STERN, PAUL  
Address: 942 ALLEGRO LANE  
City-St-Zip: APOLLO BEACH, FL 33572

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STERN, JAMIE L  
Address: 942 ALLEGRO LANE  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGR (X) Change ( ) Addition  
Name: STERN, PAUL  
Address: 942 ALLEGRO LANE  
City-St-Zip: APOLLO BEACH, FL 33572

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.

SIGNATURE: JAIME STERN

MGRM

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date