

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90120 012 \*\*\*148.75

**DOCUMENT # L06000038042**

1. Entity Name  
**BLUEWATER SERVICE INSTALLATIONS LLC**



Principal Place of Business  
**14505 MAINLAND GREENS PLACE  
TAMPA, FL 33625**

Mailing Address  
**14505 MAINLAND GREENS PLACE  
TAMPA, FL 33625**



01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**22-3928392**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WIRTHEIM, CHRISTIAN T  
14505 MAINLAND GREENS PLACE  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WARD, RONALD D  
14505 MAINLAND GREENS PLACE  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WARD, RONALD D  
14505 MAINLAND GREENS PLACE  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
WIRHEIM, CHRISTIAN T  
14505 MAINLAND GREENS PLACE  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**CHRISTIAN Wirtheim 4/14/08 83505-3116**