

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057120

Entity Name: BLUE WATER BREEZE, LLC

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

1040 GULF BREEZE PARKWAY,
SUITE 200
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

1040 GULF BREEZE PARKWAY
SUITE 200
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 20-8031130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, LINDA A
30 SOUTH SPRING STREET
C/O EMMANUEL, SHPPARD & CONDON
PENSACOLA, FL 32502 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: MGR () Delete
Name: HACKEL, JOSHUA G MD
Address: 1040 GULF BREEZE PKWY, SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: OSTRANDER, ROGER V MD
Address: 1040 GULF BREEZE PKWY, SUITE 200
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSHUA G HACKEL MD

MGR

01/31/2008

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