

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057120

Entity Name: BLUE WATER BREEZE, LLC

FILED  
Jan 15, 2009  
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:

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

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition  
Name: O'GRADY, CHRISTOPHER P MD  
Address: 1040 GULF BREEZE PARKWAY, SUITE 200  
City-St-Zip: GULF BREEZE, FL 32561

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

01/15/2009

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