2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # L07000044074 1. Entity Name BLUE WATER CONDOS, LLC				02-21-20	108 90065 014 ***1 <i>3</i> 8	./5
Principal Place of Business 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217 US		Mailing Address 115 THIRD STREET SOUTH BRADENTON BEACH, FL 34217 US		6000953		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132008 Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-8906649		plied For Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desir	\$5.00 444	itional
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of N	 	-
475 CENT SUITE 202	A, ERNEST L RAL AVENUE 2 RSBURG, FL 33701		Name TEITE Street Addres	LBAUM, DAVIC s (P.O. Box Number is Not Accep THIRD STRUGGET	otable) South	
			BRADER	UTON BEACH	FL Zip Code	.17
8. The above the obliga SIGNATURE		Me	s registered office or regis DAUD T TE: Registered Agent signature requi	tered agent, or both, in the State FITELBALL M red when reinstating)	of Florida. I am familiar with, a	ind accept
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5			Make check payable to prida Department of State	
9.	MANAGING MEMB	ERS/MANAGERS	10.	ADDITIO	DNS/CHANGES	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEITELBAUM, DAVID 115 THIRD STREET SOUTH BRADENTON BEACH, FL 342	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	certify that the intermetical supplied with	Delete Delete Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change☐ Cha	Addition Addition Addition

I nereby certify that the intermetion supplied with this filling does not challfully for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and hat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver of the temperature of the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGN