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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -3 PM 3:22

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000654

1. Entity Name

Bluewater Properties, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
PO Box 18027		PO Box 18027	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota, FL		City & State: Sarasota FL	
Zip: 34276	Country: USA	Zip: 34276	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0770525 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William B. Moore

Street Address (P.O. Box Number is Not Acceptable): 717 Freeling Drive

City: Sarasota FL Zip Code: 34242

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Mgrm	TITLE	
NAME	William B. Moore	NAME	
STREET ADDRESS	717 Freeling Drive	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34242	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4-22-03 941-927-9415
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #