

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-01-2005 90157 022 ****55.00

DOCUMENT # M04000002516

1. Entity Name

BLUE WATER, LLC



Principal Place of Business

510 AUSTIN STREET
ST. GENEVIEVE MO 63670

Mailing Address

510 AUSTIN STREET
ST. GENEVIEVE MO 63670

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E083 (10/04)

4. FEI Number

96-250-9884

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LAURANCE B JR
25 CENTRAL SQUARE
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

*Pa - by Barbara
Dessler*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM ☐ Delete
NAME: KLEIN, URBAN
STREET ADDRESS: 510 AUSTIN STREET
CITY- ST- ZIP: ST. GENEVIEVE MO 63670

TITLE: MGRM ☐ Delete
NAME: KLEIN, VIRGINIA
STREET ADDRESS: 510 AUSTIN STREET
CITY- ST- ZIP: ST. GENEVIEVE MO 63670

TITLE: MGRM ☐ Delete
NAME: KLEIN, JOHN
STREET ADDRESS: 7331 NOTTINGHAM AVE.
CITY- ST- ZIP: ST. LOUIS MO 63119

TITLE: MGRM ☐ Delete
NAME: DESSLER, MICHAEL
STREET ADDRESS: 7229 NOTTINGHAM AVE.
CITY- ST- ZIP: ST. LOUIS MO 63119

TITLE: MGRM ☐ Delete
NAME: DESSLER, BARBARA
STREET ADDRESS: 7229 NOTTINGHAM AVE.
CITY- ST- ZIP: ST. LOUIS MO 63119

TITLE: MGRM ☐ Delete
NAME: RUBY, ALAN
STREET ADDRESS: 320 HILLTOP AVE.
CITY- ST- ZIP: KALISPELL MT 59901

TITLE: MGRM ☐ Change ☒ Additio
NAME: MARY RUBY
STREET ADDRESS: 320 Hilltop Ave.
CITY- ST- ZIP: KALISPELL MT 59901

TITLE: MGRM ☐ Change ☒ Additio
NAME: PAUL KLEIN
STREET ADDRESS: 2769 FIAMEGLOW DR.
CITY- ST- ZIP: ST. LOUIS, MO 63129

TITLE: MGRM ☐ Change ☒ Additio
NAME: GRETCHEN KLEIN
STREET ADDRESS: 2769 FIAMEGLOW DR.
CITY- ST- ZIP: ST. LOUIS, MO 63129

TITLE: MGRM ☐ Change ☒ Additio
NAME: JEROME KLEIN
STREET ADDRESS: 699 LAPORTE STREET
CITY- ST- ZIP: STE. GENEVIEVE, MO 63670

TITLE: MGRM ☐ Change ☒ Additio
NAME: CONSTANCE KLEIN
STREET ADDRESS: 699 LAPORTE STREET
CITY- ST- ZIP: STE. GENEVIEVE, MO 63670

TITLE: MGRM ☐ Change ☒ Additio
NAME: TIMOTHY KLEIN
STREET ADDRESS: 5073 SIRON COURT
CITY- ST- ZIP: DUNWOODY, GA 30338

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:

Barbara Dessler

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

Date

Checklist - Page 3