


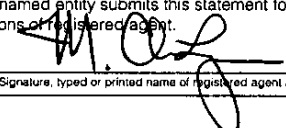

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

06 DEC -7 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Genevieve, MO		City & State St. Genevieve, MO			
Zip		Country		4. FEI Number 56-2509884	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 M. Christopher Lyon Street Address (P.O. Box Number is Not Acceptable) 125 S. Gadsden St., 3rd Floor City Tallahassee FL Zip Code 32301	
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 the registered agent.					
SIGNATURE 		M. Christopher Lyon		12/7/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, URBAN 510 AUSTIN STREET ST. GENEVIEVE, MO 63670	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900082580729 12/15/06--01057--004 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, VIRGINIA 510 AUSTIN STREET ST. GENEVIEVE, MO 63670	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, JOHN 7331 NOTTINGHAM AVE. ST. LOUIS, MO 63119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESSLER, MICHAEL 7229 NOTTINGHAM AVE. ST. LOUIS, MO 63119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESSLER, BARBARA 7229 NOTTINGHAM AVE. ST. LOUIS, MO 63119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUBY, ALAN 320 HILLTOP AVE. KALISPELL, MT 59901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KLEIN, TIMOTHY 5073 SIRONN COURT DUNWOODY, GA 30328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		12/5/06		404 236 6150	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
TIMOTHY KLEIN					

REINSTATEMENT 2006