

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002516

FILED
Apr 23, 2007
Secretary of State

Entity Name: BLUE WATER, LLC

Current Principal Place of Business:

510 AUSTIN STREET
STE. GENEVIEVE, MO 63670

New Principal Place of Business:

Current Mailing Address:

510 AUSTIN STREET
STE. GENEVIEVE, MO 63670

New Mailing Address:

FEI Number: 56-2509884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYON, M. CHRISTOPHER
125 S. GADSDEN STREET, 3RD FLOOR
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: KLEIN, URBAN
Address: 510 AUSTIN STREET
City-St-Zip: STE. GENEVIEVE, MO 63670

Title: MGRM () Delete
Name: KLEIN, VIRGINIA
Address: 510 AUSTIN STREET
City-St-Zip: STE. GENEVIEVE, MO 63670

Title: MGRM () Delete
Name: KLEIN, JOHN
Address: 7331 NOTTINGHAM AVE.
City-St-Zip: ST. LOUIS, MO 63119

Title: MGRM () Delete
Name: DESSLER, MICHAEL
Address: 7229 NOTTINGHAM AVE.
City-St-Zip: ST. LOUIS, MO 63119

Title: MGRM () Delete
Name: DESSLER, BARBARA
Address: 7229 NOTTINGHAM AVE.
City-St-Zip: ST. LOUIS, MO 63119

Title: MGRM () Delete
Name: KLEIN, TIMOTHY
Address: 5073 SIRON COURT
City-St-Zip: DUNWOODY, GA 30338

ADDITIONS/CHANGES:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY KLEIN

MGRM

04/23/2007

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