

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000002516

Entity Name: BLUE WATER, LLC

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**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  
Name: KLEIN, URBAN  
Address: 510 AUSTIN STREET  
City-St-Zip: STE. GENEVIEVE, MO 63670

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

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

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

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

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

I hereby 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

04/13/2010

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