2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# M05000001291

Entity Name: BLUE WATER RESTORATIONS LLC

Current Principal Place of Business:

1335 MERRYBROOK RD
COLLEGEVILLE, PA 19426

New Principal Place of Business:

Current Mailing Address:

1335 MERRYBROOK RD
COLLEGEVILLE, PA 19426

New Mailing Address:

FEI Number: 20-0962065 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOKANSON, PETER
1709 HILL ST
EDGEWATER, FL 32132 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: MGR ( ) Delete
Name: HOKANSON, PETER
Address: 1709 HILL ST
City-St-Zip: EDGEWATER, FL 32132

Title: MGR ( ) Delete
Name: HOKANSON, CHARLES
Address: 1335 MERRYBROOK RD
City-St-Zip: COLLEGEVILLE, PA 19426

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HOKANSON, CHARLES
Address: 1335 MERRYBROOK RD
City-St-Zip: COLLEGEVILLE, PA 19426

Title: MGR (X) Change ( ) Addition
Name: HOKANSON, PETER
Address: 1709 HILL ST
City-St-Zip: EDGEWATER, FL 32132

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES HOKANSON MGR 03/20/2009

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