## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Jul 14, 2006 08:00 AM DOCUMENT # M05000004573 Secretary of State **BLUÉ WATER PROPERTY ASSOCIATES LLC** Principal Place of Business Mailing Address 209 WEST ISLIP ROAD 209 WEST ISLIP ROAD WEST ISLIP, NY 11795 WEST ISLIP, NY 11795 07102006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 83-0432172 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 6, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME GARDINI, ANTHONY M STREET ADDRESS 209 WEST ISLIP ROAD CITY-ST-7/P WEST ISLIP, NY 11795 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DO NOT WRITE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP

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PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

110/06 631-539-2366

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