2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# M07000000983

Entity Name: BLUE WATER 2, LLC

Current Principal Place of Business:

C/O HOWE, ROBINSON & WATKINS
501 BRICKELL KEY DRIVE, SUITE 504
MIAMI, FL 33131

New Principal Place of Business:

955 KELLER RD
ALTAMONTE SPRINGS, FL

Current Mailing Address:

C/O HOWE, ROBINSON & WATKINS
501 BRICKELL KEY DRIVE, SUITE 504
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-8350471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWE, OSMOND C JR, ESQ
501 BRICKELL KEY DRIVE, SUITE 504
MIAMI, FL 33131 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: UCR, LLC
Address: 501 BRICKEL KEY DRIVE, SUITE 504
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete
Name: IRELAND, JUD
Address: 17216 CEREDO PL
City-St-Zip: GRANADA HILLS, CA 91344

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
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 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: JUD IRELAND MGR 05/01/2009

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