

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006733

Entity Name: BLUEWATER OUTDOOR, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1175 ADKINS ROAD
HOUSTON, TX 77055

New Principal Place of Business:

Current Mailing Address:

1175 ADKINS ROAD
HOUSTON, TX 77055

New Mailing Address:

520 POST OAK BLVD.
SUITE 320
HOUSTON, TX 77027

FEI Number: 20-5656692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ROBERTS, GEOFFREY D
Address: 1175 ADKINS ROAD
City-St-Zip: HOUSTON, TX 77055

Title: MGRM (X) Delete
Name: BROOKS, CURTIS A
Address: 1175 ADKINS ROAD
City-St-Zip: HOUSTON, TX 77055

Title: COO (X) Delete
Name: ALBRIGHT, JOE
Address: 1175 ADKINS ROAD
City-St-Zip: HOUSTON, TX 77055

ADDITIONS/CHANGES:

Title: REC (X) Change () Addition
Name: LOVETT, H. MALCOLM JR
Address: 520 POST OAK BLVD., SUITE 320
City-St-Zip: HOUSTON, TX 77027

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: H MALCOLM LOVETT, JR. AS RECEIVER

REC

04/29/2009

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