

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001883

FILED
Mar 31, 2008
Secretary of State

Entity Name: BLUEWATER BAY CONVENIENCE STORE, LLC

Current Principal Place of Business:

112 SHEFFIELD LOOP
HATTIESBURG, MS 39402

New Principal Place of Business:

Current Mailing Address:

112 SHEFFIED LOOP
SUITE D
HATTIESBURG, MS 39402

New Mailing Address:

FEI Number: 64-0898722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT 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: YORK, BENNETT V
Address: 112 SHEFFIELD LOOP, SUITE D
City-St-Zip: HATTIESBURG, MS 39402

Title: MGRM () Delete
Name: YORK, BENNETT V JR.
Address: 112 SHEFFIELD LOOP, SUITE D
City-St-Zip: HATTIESBURG, MS 39402

Title: MGRM () Delete
Name: YORK-LOSEE, PAIGE
Address: 112 SHEFFIELD LOOP, SUITE D
City-St-Zip: HATTIESBURG, MS 39402

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BENNETT V YORK

MGRM

03/31/2008

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