No. W 25606	Due no later than August 31, 2008	2. Registered Agent and Office NO PO BOX
Return to:	Annual Report Form 1. Mailing Address - Correct in this box. if applicable	JOHN F MAGNUSON
SECRETARY OF STATE 450 NORTH FOURTH STREET	BLUE WATER DEVELOPMENT, LLC	1250 NORTHWOOD CENTER CT
PO BOX 83720	JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT	COEUR D ALENE, ID 83814
BOISE, ID 83720-0080	STE A	
NO FILING FEE IF	COEUR D ALENE, ID 83814	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
 Limited Liability Compan 	ies: Enter Names and Addresses of Managers.	
Office held Name	Street or P.O. Address City	State Zip
manager Tom An	agnuson P.O. Box 2350 Cours	Hune 10 03016
		Note that the second page of the
5. Organized Under the Laws of:	6. (X) (///	- 1/- /05
IDAHO	Signature / // / / / / / / / / / / / / / / / /	Date 0/2/08
	Name (Typed or John F. Magnus	