

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034678

FILED
Apr 30, 2008
Secretary of State

Entity Name: BLUE OCEAN BROKERS, LLC

Current Principal Place of Business:

6010 CATTLERIDGE DRIVE
SUITE 100
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

6010 CATTLERIDGE DRIVE
SUITE 100
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 41-2172854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLWERT, ANDREW W III
6010 CATTLERIDGE DRIVE
SUITE 100
SARASOTA, FL 34232 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: HUGHES, PAUL R
Address: 301 EAST PINE STREET, SUITE 350
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: OLWERT, ANDREW W III
Address: 6010 CATTLERIDGE DRIVE, SUITE 100
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: MCCONNAUGHAY, JAMES N
Address: 2201 TRECOTT DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

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: PAUL R. HUGHES

MGRM

04/30/2008

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