

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90025 023 ****50.00

**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000009302

1. Entity Name

BLUE OCEAN MANAGEMENT, L.L.C.**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1348 WASHINGTON AVE

3. Mailing Address

1348 WASHINGTON AVE

Suite, Apt. #, etc.

#128

Suite, Apt. #, etc.

#128

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

4. FEI Number

58-2641987

Applied For

Not Applicable

Zip

33139

Country

MIAMI-DADE

Zip

33139

Country

MIAMI-DADE5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name JEFFREY AND FEINBERG, ESQ

Street Address (P.O. Box Number is Not Acceptable)

4000 HOLLYWOOD BOULEVARD SUITE 350NCity HOLLYWOOD

FL

Zip Code

33021**DO NOT WRITE
IN THIS SPACE**

8. 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

MAZHER, MAZHER *mzh mzh*4-2-2002

Signature, typed or printed name of registered agent and use if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGING MEMBER
NAME	MAZHER MAZHER
STREET ADDRESS	1348 WASHINGTON AVE #128
CITY-ST-ZIP	MIAMI BEACH FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: MAZHER MAZHER *mzh mzh*4-2-2002 786-276-3715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E0838 (12/01)