LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 10, 2002 8:00 am Secretary of State

DOCUMENT # L01000021102 1. Entity Name				04-10-2002 90016 007 ****50.00
OCEAN BLUE CONSULTANTS, LLC				
D	O NOT WRITE	IN THIS SP	ACE	
2. Principal Place of Business Suite 505 3. Mailing Address 2901 South Occan Blvd (Same)				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State		City & State	· .	4. FEI Number Applied For
High IA Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional
3348 7	x PALM Beach		usa	5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent
Name N			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
DO NOT WRITE				ess (P.O. Box Number is Not Acceptable)
IN THIS SPACE			-	901 South Ocean Lowd.
			City	Source 505 all And Beach FL 33487
8. The above nan	ned entity submits this statement for	the purpose of changing its re	egistered office or reg	istered agent, or both, in the State of Florida.
Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Date				
4	•	Make Check Pays	EE IS \$50.00 able to Departmen JE BY MAY 1	nt of State
9.	MANAGING MEMBER	S/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner ANTHONY MART 2901 South Oce Highland Bead		TITLE NAME. STREET ADDRESS CITY-ST-ZIP	CD25183B (12)(01
TITLE			TITLE	u ca
NAME STREET ADDRESS		•	NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	·
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #