2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT# L01000021102

1. EntityName
OCEANBLUECONSULTANTS,LLC

PrincipalPlaceofBusiness
2901 SOUTH OCEAN LVD.
SUITE 505
HIGHLAND BEACH, FL 33487

MailingAddress
2901 SOUTH OCEAN LVD.
SUITE 505
HIGHLAND BEACH, FL 33487

DO NOT WRITE IN THIS SPACE

01122004 No Chg-LLC CR2E083(10/03)

4. FEINumber
80-0023615
Applied For
Not Applicable

5. CertificateofStatusDesired ☐ **$5.00** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

MARTUCCI,ANTHONY
2901SOUTHOCEANLVD.
SUITE505
HIGHLANDBEACH,FL33487

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE X Anthony Martucci Member 3/19/04
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE RegisteredAgentsignaturerequiredwhenve Installing) DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000095389
03/24/04-80030-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTUCCI,ANTHONY
STREETADDRESS	2901SOUTHOCEANLVD.,UNITNO.505
CITY-ST-ZIP	HIGHLANDBEACH,FL33487
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. Ihereby 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: X Anthony Martucci Member 3/19/04 212-765-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date DaytimePhone#