## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L01000021102

1. Entity Name
OCEAN BLUE CONSULTANTS, LLC



FILED Mar 30, 2005 08:00 A Secretary of State

Principal Place of Business

2901 SOUTH OCEAN LVD.

2901 SOUTH SUITE 505

HIGHLAND BEACH, FL 33487

Mailing Address

2901 SOUTH OCEAN LVD.

SUITE 505

HIGHLAND BEACH, FL 33487



03102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0023615 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE X Signature, typed or printed name of registered agent and title if applicable.		(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGR MARTUCCI, ANTHONY 2901 SOUTH OCEAN LVD., UNIT NO. 505 HIGHLAND BEACH, FL 33487		U00000281109 03/30/05-80 <b>04</b> 5-024 50 <b>.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
THILE NAME STREET ADDRESS CHY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY: ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

MARTUCE

Anthony

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