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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 24 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022918

1. Entity Name
CAPE BLUE CONSULTING, LLC

Principal Place of Business	Mailing Address
201 S. BISCAYNE BOULEVARD STE. 1700 MIAMI FL 33131 US	201 S. BISCAYNE BOULEVARD STE. 1700 MIAMI FL 33131 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 80-002-1468 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHLESINGER, MICHAEL J 201 SOUTH BISCAYNE BOULEVARD STE. 1700 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MEMBER/CO-PRESIDENT ☐ Delete NAME MATHEW K. JACOBS STREET ADDRESS 1521 ALTON ROAD CITY-ST-ZIP MIAMI BEACH, FL 33139	TITLE ☐ Change ☐ Addition NAME 200023899902 STREET ADDRESS 09/29/03--01049--025 **50.00 CITY-ST-ZIP
TITLE MEMBER/CO-PRESIDENT ☐ Delete NAME MICHAEL J. SCHLESINGER STREET ADDRESS 10102 HIDDEN PLACE CITY-ST-ZIP MIAMI, FL 33156	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition 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.

SIGN HERE

SIGNATURE: MATHEW JACOBS 9/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE

CR2E083 (4/03)