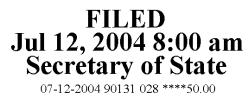
2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L02000033872



305.577.0200

BLUÉWATER LEASING OFFSHORE MARINE ENTERPRISES, LLC											
Principal Place of Business 150 WEST FLAGLER ST., STE. 2626 MIAMI, FL 33130 Miami, FL 33130 Miami, FL 33130 Miami, FL 33130					2626		 1			13 1 : 1 11 !	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07092004	Chg-LLC	CR2E08	3 (10/03)		
City & State		City & State			4. FEI Numb	D FOR 753°	9 1430	<u> </u>	plied For Applicable		
Zip	i 1	Country	Zip 	Countr			5. Certificate of Status Desired				
		e and Address of Current R	egistered Agent	red Agent 7.			7. Name and Address of New Registered Agent				
HOLTZMAN, MAX T 150 WEST FLAGLER ST., STE. 2626					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL	33130										
	- 1				City			FL	Zip Code	,	
	tions of regi	ity submits this statement for stered agent.	•		d Agent signature required		orn, in the state of Flor	DATE	miliar with,	and accept	
Filing Fee is \$50.00 Due by September 8, 2004					Make check payable Florida Department of				•		
9.	Ŋ	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HOLTZMAN, MAX T 150 WEST FLAGLER ST., STE. 2626								Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, i		☐ Delete		F .				Change	Addition	
TITLE - NAME - STREET ADDRESS	1 1 1 1 1 1 1	خست	□ Delete		1	÷			☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAM STRE	E BE EET ADDRESS	-	**	, 150	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>.</u> 9		☐ Delete	TITLI NAM STRE					☐ Change	Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	IE EET AODRESS (-ST-ZIP				□ Change	Addition	
11. I hereby indicated limited lix	certify that d on this rep ability comp	the information supplied with ort is true and accurate and t any or the receiver or trustee	this filing does not qualify for that my signature shall have empowered to execute this	r the exe the sam report a	emption stated in Se e legal effect as if n s required by Chap	ection 119.07(3 made under oat ster 608, Florida)(i), Florida Statutes. I h; that I am a manag Statutes.	further certii ing member	y that the ir or manage	nformation r of the	

MAX T. HOLT 2MW

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE