

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000033872

FILED
May 01, 2006
Secretary of State

Entity Name: BLUEWATER LEASING OFFSHORE MARINE ENTERPRISES, LLC

Current Principal Place of Business:

150 WEST FLAGLER ST., STE. 2626
MIAMI, FL 33130

New Principal Place of Business:

2 S. BISCAYNE BLVD
SUITE 2350
MIAMI, FL 33131

Current Mailing Address:

150 WEST FLAGLER ST., STE. 2626
MIAMI, FL 33130

New Mailing Address:

2 S. BISCAYNE BLVD
SUITE 2350
MIAMI, FL 33131

FEI Number: 75-3091430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLTZMAN, MAX T
150 WEST FLAGLER ST., STE. 2626
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

HOLTZMAN, MAX T
2 S. BISCAYNE BLVD
SUITE 2350
MIAMI, FL 33131 US

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.

SIGNATURE: MAX HOLTZMAN

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLTZMAN, MAX T
Address: 150 WEST FLAGLER ST., STE. 2626
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOLTZMAN, MAX T
Address: 2 S. BISCAYNE BLVD, SUITE 2350
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MAX HOLTZMAN

MGMR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date