2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098364

Entity Name: BLEU OCEAN SPA, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
9130 KINGS COVE COURT FORT MYERS, FL 33912 US	9130 KINGS COVE COURT FORT MYERS, FL 33967 US

Current Mailing Address:	**New Mailing Address:**
9130 KINGS COVE COURT FORT MYERS, FL 33912 US	9130 KINGS COVE COURT FORT MYERS, FL 33967 US

FEI Number: 16-1736071   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TENN, GREGORY A 9130 KINGS COVE COURT FORT MYERS, FL 33912 US	TENN, GREGORY A 9130 KINGS COVE COURT FORT MYERS, FL 33967 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: _____   03/25/2007
             Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	TENN, GREGORY A	Name:	TENN, GREGORY A
Address:	9130 KINGS COVE COURT	Address:	9130 KINGS COVE COURT
City-St-Zip:	FORT MYERS, FL 33912 US	City-St-Zip:	FORT MYERS, FL 33967 US
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	TUCKER, TERRY-ANN M	Name:	
Address:	23560 WALDEN CENTER DRIVE, #308	Address:	
City-St-Zip:	BONITA SPRINGS, FL 34134 US	City-St-Zip:	

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: GREGORY A. TENN   MGRM   03/25/2007
_____
             Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date