

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90301 009 ****50.00

DOCUMENT # L06000006172

1. Entity Name

BLUE OCEAN CAPITAL, LLC



Principal Place of Business

POST OFFICE BOX 1592
WEST PALM BEACH FL 33402-1625
US

Mailing Address

POST OFFICE BOX 1592
WEST PALM BEACH FL 33402-1625
US



2. Principal Place of Business - No P.O. Box #

101 N. Clematis Street

Suite, Apt. #, etc.

Suite 220

3. Mailing Address

P.O. Box 3505

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

West Palm Beach, FL

City & State

West Palm Beach FL

4. FEI Number

20-5552351

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33402-3505

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SATTER, JONATHAN R
100 SOUTH OLIVE AVENUE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Mark B. Elhilow

Street Address (P.O. Box Number is Not Acceptable)

101 N. Clematis Street, Suite 220

City

West Palm Beach

FL

Zip Code

33401

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]

2-1-07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGR SATTER, JONATHAN R
STREET ADDRESS POST OFFICE BOX 1592
CITY-ST-ZIP WEST PALM BEACH FL 33402-1625 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGR Elhilow, Mark B. ☐ Change ☒ Addition
STREET ADDRESS 131 CORTEZ RD
CITY-ST-ZIP W. PALM BEACH, FL 33405

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE

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

[Signature]
MARK B. ELHILOW, MANAGING MEMBER

2-1-07

Date

Daytime Phone #

(561) 659-3301