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# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002308

1. Entity Name
CIBE BLUE OCEAN LLC

FILED
06 JUL 27 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 551 MADISON AVE. STE 1601<br>NEW YORK, NY 10022 | 551 MADISON AVE. STE 1601<br>NEW YORK, NY 10022 |

07062006 Chg-LLC CR2E083 (11/05)

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

4. FEI Number 22-3651604 ☐ 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 |
|---|---|
| HIQ CORPORATE SERVICES, INC.<br>1574 VILLAGE SQUARE BLVD<br>SUITE 100<br>TALLAHASSEE, FL 32309 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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

**Filing Fee is $50.00**
**Due by September 6, 2006**

**Make check payable to**
**Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STEFANO FRITTELLA<br>551 MADISON AVE , STE 1601<br>NEW YORK, NY 10022 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>STEFANO FRITTELLA<br>5959 Collins Ave Apt 805<br>Miami Beach FL 33140 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SALAR (US) INC.<br>551 MADISON AVE , STE 1601<br>NEW YORK, NY 10022 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SALAR (US) Inc.<br>5959 Collins Ave Apt 805<br>Miami Beach FL 33140 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>RUGGERI, ROBERTO<br>551 MADISON AVE , STE 1601<br>NEW YORK, NY 10022 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 900078281499<br>08/02/06--01061--020 **200.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 3 8/1 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>CIBE 940 Inc.<br>551 Madison Ave Suite 1601<br>New York, N.Y. 10022 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Robert Ruggeri 7/6/06 212-593-3570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #