## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000002308

Entity Name: CIBE BLUE OCEAN LLC

City-St-Zip:

MIAMI BEACH, FL 33139

FILED Jan 31, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 850 OCEAN DRIVE MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** 850 OCEAN DRIVE MIAMI BEACH, FL 33139 FEI Number: 22-3651604 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: FRITTELLA, STEFANO 5959 COLLÍNS AVE, **APT 805** MIAMI BEACH, FL 33140 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM ( ) Delete Title: () Change () Addition FRITTELLA, STEFANO Name: Name: Address: 5959 COLLINS AVE, APT 805 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SALAR (US) INC., Name: Address: 5959 COLLINS AVE. APT 805 Address: City-St-Zip: MIAMI BEACH, FL 33140 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition CIBE 940 INC., Name: Name: 1500 OCEAN DRIVE APT 1001 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: STEFANO FRITTELLA MGR 01/31/2009