2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000121

DOCUMENT # L99000002308

1. Entity Name

CIBE BLUE OCEAN LLC

FILED

03 APR -9 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
~~3 EAST 54TH STREET, SUITE 1265~~ ~~NEW YORK NY 10022~~	~~3 EAST 54TH STREET, SUITE 1265~~ NEW YORK NY 10022

2. Principal Place of Business	3. Mailing Address
	551 MADISON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 1601
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
~~LENHOFF, JAY~~ 4350 HILLCREST BLVD., BLDG. 22, UNIT 510 ~~HOLLYWOOD FL 33121~~	Name PARALEGAL & ATTORNEY SERVICE BUREAU, INC Street Address (P.O. Box Number is Not Acceptable) 1045 Merritt DRIVE City TALLAHASSEE FL Zip Code 32301

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 Kathleen T. Hill, Pres 4/8/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DELANEY (US) INC 551 MADISON AVE , STE 1601 NEW YORK NY 10022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100015645081 04/10/03--01041--029 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SALAR (US) INC. 551 MADISON AVE , STE 1601 NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RUGGERI, ROBERTO 551 MADISON AVE , STE 1601 NEW YORK NY 10022	☐ 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
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED 4/10/03 [illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #