

# 2000 UNIFORM BUSINESS REPORT (UBR)

0002774 AF

DOCUMENT # L99000007421

1. Entity Name  
BLUE OCEAN WAVE, LC

FILED

00 APR 10 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
SUITE 1050, FIRST UNION FINANCIAL CTR  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131-2394

Mailing Address  
SUITE 1050, FIRST UNION FINANCIAL CTR  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131-2310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0958778

Applied For  
Not Applicable

Zip Country Zip Country

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

BENNETT, JOSH N ESQUIRE  
SUITE 1050, FIRST UNION FINANCIAL CTR  
200 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131-2394

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

SIGNATURE

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM CALM WAVES TRUST  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., STE 1050  
CITY- ST- ZIP MIAMI FL 33131

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP  
000003225200-9  
-04/26/00--01073--017  
\*\*\*\*488.75 \*\*\*\*\*50.00

TITLE NAME MGRM BLUE SKY TRUST  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., STE 1050  
CITY- ST- ZIP MIAMI FL 33131

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CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)