

2001 UNIFORM BUSINESS REPORT (UBR)

0008766 AF

DOCUMENT # L99000007421

1. Entity Name
BLUE OCEAN WAVE, LC

FILED

01 MAR 30 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address
1623 Collins Ave 1623 Collins Ave
Suite, Apt. #, etc. #909 Suite, Apt. #, etc. #909

City & State City & State
Miami Beach FL Miami Beach FL
Zip Country Zip Country
33139 DADE 33139 DADE

4. FEI Number 65-0958778 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JOSH N ESQUIRE 511 N.E. 3rd Ave
~~SUITE 1050, FIRST UNION FINANCIAL CTR~~ 2nd floor
~~200 SOUTH BISCAYNE BOULEVARD~~ Fort Lauderdale
MIAMI FL 33131-2394 FL 33301

7. Name and Address of New Registered Agent

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALM WAVES TRUST 200 SOUTH BISCAYNE BLVD., STE 1050 MIAMI FL 33131 <i>Same as above</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUE SKY TRUST 200 SOUTH BISCAYNE BLVD., STE 1050 MIAMI FL 33131 <i>Same as above</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003992487-6 -04/11/01--01032--006 ****488.75 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition \$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Virginia Dominguez* March 25/2001 305 534-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)