# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** A97000002394

**1. Entity Name**

OCN PALMS, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 3494 LANTERN BAY DRIVE<br>JUPITER FL 33477 | 3494 LANTERN BAY DRIVE<br>JUPITER FL 33477 |

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

DO NOT WRITE IN THIS SPACE

| Zip | Country | Zip | Country |
|---|---|---|---|

**4. FEI Number** 65-0790784   Applied For / Not Applicable

**5. Certificate of Status Desired** ☐  **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| VALDES-FAULI CORPORATE SERVICES, INC.<br>777 S. FLAGLER DRIVE, SUITE 500 EAST<br>WEST PALM BEACH FL 33401 | Name _Harold H Hogg_<br>Street Address (P.O. Box Number is Not Acceptable)<br>_3494 Lantern Bay Drive_<br>City _Jupiter_    FL   Zip Code _33977_ |

**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 _____   _Harold H Hogg_

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

| 9. Capital Contributions as Shown on record. **$1,000,000.00** | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | 13. ADDRESS CHANGES ONLY |
|---|---|
| DOCUMENT # P97000093871<br>NAME OCN PALMS, INC.<br>STREET ADDRESS 3494 LANTERN BAY DRIVE<br>CITY-ST-ZIP JUPITER FL 33477 | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS 700003994197--9<br>-04/12/01--01061--017<br>****526.25   ****526.25<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STREET ADDRESS<br>CITY-ST-ZIP |

CR2E003 (11/00)

**14.** 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** _____ _Harold H Hogg_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #