

2001 UNIFORM BUSINESS REPORT (UBR)

0004834 AF

DOCUMENT # A00000000110

1. Entity Name

JMP OCEAN TWO LIMITED PARTNERSHIP

FILED

01 APR 27 AM 9:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145

Mailing Address
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
PENDING

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

PEREZ, JORGE M
2828 CORAL WAY, PENTHOUSE SUITE
MIAMI FL 33145

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

9. Capital Contributions as Shown on record. \$7,920,000.00 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 #	L00000000545	STREET ADDRESS	
NAME	JMP OCEAN TWO GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE		
CITY-ST-ZIP	MIAMI FL 33145		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	4000004213474--8
NAME		CITY-ST-ZIP	-05/11/01--01148--037
STREET ADDRESS			****535.00! ****535.00
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/01 1305/460-9900
Date Daytime Phone #

CR2E003 (11/00)