

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A00000000110

1. Entity Name

JMP OCEAN TWO LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -4 PM 2:02

W 3/17

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2828 Coral Way

3. Mailing Address
2828 Coral Way

Suite, Apt. #, etc.
Penthouse Suite

Suite, Apt. #, etc.
Penthouse Suite

DUE BY MAY 1

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1103429

Applied For
Not Applicable

Zip
33145

Country
USA

Zip
33145

Country
USA

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PEREZ, JORGE M

Street Address (P.O. Box Number is Not Acceptable)
2828 Coral Way

Penthouse Suite

City
Miami

FL Zip Code
33145

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

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

DOCUMENT # L00000000545
NAME JMP OCEAN TWO GP, LLC
STREET ADDRESS 2828 Coral Way, PH
CITY-ST-ZIP Miami, FL 33145

STREET ADDRESS

CITY-ST-ZIP

600005073216--7

03/02/02 01056-016

****535.00 ****535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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 _____

2/1/2002

CR2E003B (12/01)