2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	A94000001051
1 Entity Name	

Entity Name

OCEAN "7" ENTERPRISES, LTD.

Principal Place of Business

Mailing Address

APPROVEL AND FILED

02 APR 15 AM 11: 15

SECRETARY OF STATE FALLAHASSEE, FLORIDA

15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418			15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418		d 8	(18878) HERF IRNS FRAN MEN MEN MEN MANN MARK MARK MANN MANN	
Principal Place of Business 3. Mailing Address			dress				
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002	77	
City & State		City & State			4. FEI Number 65-0504013 Applied For Not Applicable	<u></u>	
Zip		Country	Zip Cour		intry	5. Certificate of Status Desired S8.75 Additional Fee Required	1
	6. Name a	nd Address of Current	Registered Agen	it		7. Name and Address of New Registered Agent	┨
ROZZO, TODD S 15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418				Name Street Address (P.O. Box Number is Not Acceptable)			
PALM BE	EACH GARDEI	NS FL 33418			City	□ Zip Code	
9 The share	named antition	ubunite this state of	- 45			FL Zip Code stered agent, or both, in the State of Florida.	
SIGNATURE 9. Capital Co	Signature, typed or p	printed name of registered agent a	and title if applicable.			DATE	
_ as Shown.	on_record	\$2,000,000.00		unt of Capital Contr ORIDA to date.	ibutions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GE NOTE: 0	NERAL PARTNER T General Partners MA	HAT IS A BUSI	NESS ENTITY	MUST BE REGI	ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.	
12.	,	GENERAL PARTNER	INFORMATION	13.		ADDRESS CHANGES ONLY	1
DOCUMENT # NAME STREET ADDRESS	AME ROZZO, TODD S TRUSTEE		STR	REET ADDRESS		1,0,0,	
CITY-ST-ZIP		H GARDENS FL 334	18	CITY	Y-ST-ZIP	3000053073133	000
DOCUMENT / NAME STREET ADDRESS				STR	EET ADDRESS	-04/19/0201028005 ****526.25 ****526.25	
CITY-ST-ZIP	, <u> </u>			CITY	/-ST-ZIP		
NAME				STAL	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	·			СІТҮ	'-ST-ZIP		
NAME	<u> </u>			STRE	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	'-ST-ZIP		
DOCUMENT #				STRE	ET ADDRESS		
STREET ADORESS CITY-ST ² ZIP				CITY	-ST-ZIP		
DOCUMENT / NAME ***				STRE	ET ADDRESS		
STREET AODRESS CITY-ST-ZIP	<u>.</u> .	·			-ST-ZIP		
14. I hereby co	ertify that the inf	ormation supplied with t	his filing does not	qualify for the ever	motion stated in S	Section 119 07/3)(i) Florido Statutas I further portifutha información	

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 feedlined by Chapter 620, Florida Statutes

SIGNATURE:

4/10/02