

2002 UNIFORM BUSINESS REPORT (UBR)

0011205 AT

DOCUMENT # **A97000002029**

1. Entity Name

OCP, LTD., LLLP

FILED

02 JAN 28 PM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4317 N. STATE ROAD 7 FT. LAUDERDALE FL 33319 4329	Mailing Address 4317 N. STATE ROAD 7 FT. LAUDERDALE FL 33319 4329
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORN, STEPHEN H 4317 N. STATE ROAD 7 FT. LAUDERDALE FL 33319 4329		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$206,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	553238 CORN CONSTRUCTION CORP. 4329 N. STATE ROAD 7 FT. LAUDERDALE FL 33319	STREET ADDRESS CITY-ST-ZIP	4329 N. State Rd 7
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	900004850289-3 01/31/02-01034-017 *****526.25 *****526.25
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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: *Stephen H. Corn, Lesgreen Corp. Vice Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-11-02 954-484-2400

CP2E003 (9/01)