

2001 UNIFORM BUSINESS REPORT (UBR)

0020172 AB

DOCUMENT # B96000000099

1. Entity Name
OCEAN ONE, LTD.

FILED
01 APR -9 AM 11:09
SECRETARY OF STATE

Principal Place of Business: **2976 SE DUNE DR STUART FL 34996**
Mailing Address: **2947 FOUR PINES DRIVE LEXINGTON KY 40502-2969**



DO NOT WRITE IN THIS SPACE

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

4. FEI Number: **61-1298251**
Applied For: Not Applicable

6. Name and Address of Current Registered Agent
**CORPORATE ACCESS
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303**

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

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$1,980,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **\$1,980,000.00**
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 #	ROSE, JAMES L	STREET ADDRESS	
NAME	2976 SE DUNE DR	CITY-ST-ZIP	
STREET ADDRESS	STUART FL 34996		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200004009462--3
STREET ADDRESS			-04/16/01--01015--008
CITY-ST-ZIP			***526.25 ***526.25
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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 REQUIRED** **4/3/01** **561-232-1632**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)