

2001 UNIFORM BUSINESS REPORT (UBR)

0020172 AB

DOCUMENT # B96000000099

1. Entity Name

OCEAN ONE, LTD.


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

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

FILED

01 APR -9 AM 11:09

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATE ACCESS
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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 | |
| STREET ADDRESS | | | |
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| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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

4/3/01 **561-232-1632**

Date **Daytime Phone #**

CR2E003 (11/00)