2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000000420

1. Entity Name
OCEAN PALM GROUP, L.L.C.

FILED
Sep 08, 2001 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
500 SOUTH OCEAN BOULEVARD	500 SOUTH OCEAN BOULEVARD
BOCA RATON FL	BOCA RATON FL
33432	33432

2. Principal Place of Business	3. Mailing Address	
500 SOUTH OCEAN BOULEVARD	500 SOUTH OCEAN BOULEVARD	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
SUITE 307	SUITE 307	

City & State	City & State	4. FEI Number	Applied For
BOCA RATON FL	BOCA RATON FL	**65-0972053**	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required
33432		33432			

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A.	Name VISONE JOHN
343 ALMERIA AVENUE	Street Address (P.O. Box Number is Not Acceptable) 500 S. OCEAN BLVD. #307
CORAL GABLES FL	
33134 US	City BOCA RATON FL Zip Code 33432

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 **JOHN VISONE**   **09/08/2001**

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME VISONE JOHN STREET ADDRESS 500 S. OCEAN BLVD. #307 CITY-ST-ZIP BOCA RATON FL 33432	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E083 (11/00)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN VISONE   MGR   09/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #