

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90008 039 ****55.00

DOCUMENT # L00000000545

1. Entity Name

JMP OCEAN TWO GP, LLC

DO NOT WRITE IN THIS SPACE

B0043008

2. Principal Place of Business 2828 Coral Way Suite, Apt. #, etc. Penthouse Suite		3. Mailing Address 2828 Coral Way Suite, Apt. #, etc. Penthouse Suite		4. FEI Number 65-1103429		Applied For Not Applicable
City & State Miami, FL		City & State Miami, FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00		
Zip 33145	Country USA	Zip 33145	Country USA			

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PEREZ, JORGE M
Street Address (P.O. Box Number is Not Acceptable)
2828 Coral Way, Penthouse Suite
City
Miami FL Zip Code
33145

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Document #L00000000545 JMP OCEAN TWO GP, LLC 2828 Coral Way, PH Miami, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/1/2002