

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009440

1. Entity Name
5959 OCP, LLC

FILED

01 JAN 11 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2603 B MAITLAND CENTER PARKWAY
MAITLAND FL 32751

Mailing Address
2603 B MAITLAND CENTER PARKWAY
MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3662870

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIN, CLIFF

2603 B MAITLAND CENTER PARKWAY
MAITLAND FL 32751

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

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 Delete
Member
Cliff Stein
STREET ADDRESS 2603-B Maitland Ctr Pkwy
CITY-ST-ZIP Maitland, FL 32751

TITLE NAME Change Addition
NAME Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
Member
Kcid Berkman
STREET ADDRESS 2603-B Maitland Ctr Pkwy
CITY-ST-ZIP Maitland, FL 32751

TITLE NAME Change Addition
NAME Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME 700003552827-5
STREET ADDRESS -01/18/01--0101--005
CITY-ST-ZIP *****55.00 *****55.00

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]* SIGNATURE REQUIRED

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

1-8-2001

Date

(407) 659-0120

Daytime Phone #

CR2E083 (11/00)