

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

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90041 034 \*\*\*\*50.00

**DOCUMENT #** L01000020843

**1. Entity Name**

OFFSHORE ASSET PROTECTION SPECIALISTS, L.C.

**DO NOT WRITE IN THIS SPACE**

825016

**2. Principal Place of Business**

2200 CORPORATE BLVD.

Suite, Apt. #, etc.

SUITE 314

City & State

BOCA RATON, FL

Zip

33431

Country

U.S.

**3. Mailing Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

☒ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

LAWRENCE A. CAPLAN

Street Address (P.O. Box Number is Not Acceptable)

2200 CORPORATE BLVD, SUITE 314

City

BOCA RATON

FL

Zip Code

33431

**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 date 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**  
LAWRENCE A. CAPLAN  
PRESIDENT, MANAGER  
2200 CORPORATE BLVD, # 314  
BOCA RATON, FL 33431

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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IN THIS SPACE**

**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 #

LAWRENCE A. CAPLAN

2/18/01

561-988-6009

CR2E083B (12/01)