

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076412

FILED
Feb 27, 2009
Secretary of State

Entity Name: OCP PARTNERS, LLC

Current Principal Place of Business:

801 SOUTH OLIVE AVENUE, SUITE 111
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

801 SOUTH OLIVE AVENUE, SUITE 111
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 26-3142986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RABIDEAU, GUY
400 ROYAL PALM WAY, SUITE 204
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SLOANE, RICHARD
Address: 801 S. OLIVE AVENUE, SUITE 111
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SLOANE, CAROLYN
Address: 801 S. OLIVE AVENUE, SUITE 111
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: SLOANE, KEVIN
Address: 801 S. OLIVE AVENUE, SUITE 111
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD SLOANE

MGR

02/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date