

2001 UNIFORM BUSINESS REPORT (UBR)

0000816 AF

DOCUMENT # **L97000001254**

1. Entity Name

SEA OAKS INVESTMENT GP, L.C.

FILED

01 MAY 29 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

1501 COLLINS AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139

Mailing Address

1501 COLLINS AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0826328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEUNIER, JEAN-MARC
C/O CONSTRUCTA, INC.
2665 SOUTH BAYSHORE DRIVE, SUITE 302
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

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

TITLE NAME ☐ Delete
MGR
PEITRI, MARC
STREET ADDRESS
1501 COLLINS AVENUE, THIRD FLOOR
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE NAME ☐ Delete
MGR
MEUNIER, JEAN-MARC
STREET ADDRESS
1501 COLLINS AVENUE, THRID FLOOR
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE NAME ☐ Delete
MGR
GEIBEL, GEORGE
STREET ADDRESS
1501 COLLINS AVENUE, THIRD FLOOR
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE NAME ☐ Delete
MGR
DININ, ALAIN
STREET ADDRESS
1501 COLLINS AVENUE, THIRD FLOOR
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE NAME ☐ Delete
MGR
LAURENT, JEAN-MARIE
STREET ADDRESS
1501 COLLINS AVENUE, THIRD FLOOR
CITY-ST-ZIP
MIAMI BEACH FL 33139

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
FF \$50

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
500004417155--6
-06/13/01-01022-004
1102.50 **50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED

4/26/01

305 538 0135

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

Date

Daytime Phone #

CR2E083 (11/00)