

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002027**

1. Entity Name

OCEAN PORTFOLIO PROPERTIES, L.L.C.

FILED

00 JAN 28 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

399 WEST PALMETTO PARK ROAD, #106
BOCA RATON FL 33432

399 WEST PALMETTO PARK ROAD, #106
BOCA RATON FL 33432-3760

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

65-0865562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, BEN S JR.

399 WEST PALMETTO PARK ROAD, #106
BOCA RATON FL 33432

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
STREET ADDRESS
CITY- ST- ZIP
MGRM
KENNEDY, BEN S JR.
399 WEST PALMETTO PARK ROAD, #106
BOCA RATON FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Delete
500003121845--1
02/03/00 01012-001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PULTE, MARK T
2377 E. SILVER PALM BLVD.
BOCA RATON FL 33432 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MALFITANO, CHRISTOPHER K
2323 ARECA PALM ROAD
BOCA RATON FL 33432 ☐ Delete

TITLE
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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:

BEN S. KENNEDY JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
Date 1/19/2000
Daytime Phone # 561-750-8535