

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002027

1. Entity Name

OCEAN PORTFOLIO PROPERTIES, L.L.C.

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~~

2. Principal Place of Business

3. Mailing Address

PO Box 1323
Suite, Apt. #, etc.
BOCA RATON FL

PO Box 1323
Suite, Apt. #, etc.
BOCA RATON FL

City & State

City & State

4. FEI Number

65-0865562

Applied For

Not Applicable

Zip
33429

Country
USA

Zip
33429

Country
USA

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
400003662744
-02/09/01--01010--015
*****50.00 *****50.00

☐ Change ☐ Addition

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
MGRM
MARK T. PULTE
33 S.E. 5th St.
BOCA RATON 33432

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

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

Date

Daytime Phone #

1/18/01 5617505462

CR2E083 (11/00)