

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90343 012 ****50.00

DOCUMENT # L98000002027

1. Entity Name
OCEAN PORTFOLIO PROPERTIES, L.L.C.



Principal Place of Business

**PO BOX 1323
BOCA RATON FL 33429**

Mailing Address

**PO BOX 1323
BOCA RATON FL 33429**

2. Principal Place of Business

33 SE 7th Street
Suite, Apt. #, etc.

3. Mailing Address

41 SE 5th Street
Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, Florida

Zip

33432

Country

Zip

33432

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

**KENNEDY, BEN S JR.
399 WEST PALMETTO PARK ROAD, #106
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

TITLE **MGRM** ☐ Delete
NAME **PULTE, MARK T**
STREET ADDRESS **41 SE 5TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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] SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-17-03

561-573-8647

CR2E083 (10/02)