

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L99000000395**1. Entity Name  
**ORINOCO PARTNERS LLC**Principal Place of Business  
**313 1/2 WORTH AVENUE, SUITE B-3  
PALM BEACH FL 33480**Mailing Address  
**313 1/2 WORTH AVENUE, SUITE B-3  
PALM BEACH FL 33480****FILED****01 FEB 12 AM 9:59****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number 11-3469223**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐**\$5.00 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SPEARS LEADS & KELLOG  
5550 GLADES ROAD- SUITE 305  
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

**1000003710031-1****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.**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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  
ALTMAN, ROBERT  
185 EAST 85TH STREET APT. 17H  
NEW YORK NY 10028** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**313 1/2 WORTH AVENUE, # B-3  
PALM BEACH, FL 33480** ☒ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ALTMAN, ROBERT  
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NEW YORK NY 10028** ☐ DeleteTITLE  
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PALM BEACH, FL 33480** ☒ Change ☐ AdditionTITLE  
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**MGRM  
WEITZ, ETHAN  
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NEW YORK NY 10028** ☐ DeleteTITLE  
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PALM BEACH FL 33480** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**W** ☐ Change ☐ Addition**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 #