

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 22, 2002 8:00 am**  
**Secretary of State**

09-22-2002 90066 019 \*\*\*\*50.00

DOCUMENT # L 99000001013

1. Entity Name

OCN Enterprises, L.L.C.

**DO NOT WRITE IN THIS SPACE**

981082

2. Principal Place of Business

2659 N.E. 9<sup>th</sup> Ave

3. Mailing Address

2659 N.E. 9<sup>th</sup> Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL.

City & State

Cape Coral, FL.

Zip

33909

Country

-Lee

Zip

33909

Country

-EE

4. FEI Number

59-3570949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

OWENS, William L.

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

C/O Bond, Shoeneck 9<sup>th</sup> King, P.A.

4001 Tamiami Trail NO, Suite 404

City

Naples

FL

Zip Code

34103

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
Nethercot, David C  
1832 Imperial Golf Course DR.  
Naples FL 34110-1010

TITLE  
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CR2E083B (12/01)

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:

Marc O. Abrams Marc O. Abrams 9/17/02 239-574-1446

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