

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000001310**1. Entity Name
OCEAN REEF MANAGEMENT, LLC.

Principal Place of Business	Mailing Address
201 E. PINE STREET 500 ORLANDO FL 32801	201 E. PINE STREET 500 ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
1155 LOUISIANA AVENUE	1155 LOUISIANA AVENUE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
100	100

City & State	City & State
WINTER PARK FL	WINTER PARK FL

Zip	Country	Zip	Country
32789		32789	

4. FEI Number	Applied For
59-3562988	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentJANS RICHARD C
201 E. PINE STREET
SUITE 500
ORLANDO FL 32801 US**7. Name and Address of New Registered Agent**

Name
JANS RICHARD C
Street Address (P.O. Box Number is Not Acceptable)
1155 LOUISIANA AVENUE
100
City
WINTER PARK FL
Zip Code
32789

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 _____ DATE **04/30/2001**

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**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JANS RICHARD C	
STREET ADDRESS	201 E. PINE STREET, SUITE 500	
CITY-ST-ZIP	ORLANDO FL 32801	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES

TITLE	MGR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANS RICHARD C		
STREET ADDRESS	1155 LOUISIANA AVENUE, SUITE 100		
CITY-ST-ZIP	ORLANDO FL 32789		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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: RICHARD C. JANS MGR 04/30/2001

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

Date

Daytime Phone #

CR2E083 (11/00)