

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002678

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

Principal Place of Business
399 WEST PALMETTO PARK ROAD, #100
BOCA RATON FL 33432

Mailing Address
399 WEST PALMETTO PARK ROAD, #106
BOCA RATON FL 33432

APPROVED
AND
FILED

01 FEB -5 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
PO Box 1323
Boca Raton FL
City & State

3. Mailing Address
PO Box 1323
Boca Raton FL
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0918223

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.

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Change ☒ Addition
STREET ADDRESS PO Box 1323, Mark T.
CITY-ST-ZIP 33 SE 5th St. Boca Raton FL 33432 33432

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003675742--3
CITY-ST-ZIP -02/13/01--01018--012

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 *****50.00 Addition
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)