

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003384

1. Entity Name
OCEAN REEF PLAZA, L.C.

Principal Place of Business: 9 BARRACUDA LANE, KEY LARGO FL 33037
Mailing Address: 9 BARRACUDA LANE, KEY LARGO FL 33037-3733

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent
Name: Darla Lee
Street Address (P.O. Box Number is Not Acceptable): 9 Barracuda Lane
City: Key Largo FL Zip Code: 33037

FILED
00 JAN 21 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEL Number: 65-0929449 Applied For: Not Applicable

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

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: Darla Lee (NOTE: Registered Agent signature required when reinstating) DATE: 1-14-2000

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE: _____ NAME: MGRM HILMER, WAYNE J STREET ADDRESS: 1551 VIA TUSCANY CITY-ST-ZIP: WINTER PARK FL 32789	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003115298--8 -01/31/00--01006--011 *****50.00 *****50.00 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: <u>Member</u> NAME: <u>Darla Lee</u> STREET ADDRESS: <u>16824 SW 80 Court</u> CITY-ST-ZIP: <u>Miami, FL 33157</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED (NOTE: Signature required) DATE: 1-10-00 DAYTIME PHONE #: 305-812-5936