

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 27 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007274

1. Entity Name

304 OCEAN, L.L.C.

Principal Place of Business

% 1500 MIAMI CENTER
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

Mailing Address

% 1500 MIAMI CENTER
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-4332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COWAN, KEVIN D
% 1500 MIAMI CENTER
201 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME COWAN, KEVIN D
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, 1500 MIAMI CENTER
CITY-ST-ZIP MIAMI FL 33131

TITLE MGR ☐ Change ☒ Addition
NAME MARK SHAPIRO
STREET ADDRESS c/o CAPITAL COMPANIES, LLC, 12 NORTH MAIN
CITY-ST-ZIP ST, STE. 20, WEST HARTFORD, CT 06107

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Change ☒ Addition
NAME MARVIN F. CEDER
STREET ADDRESS 300 SOUTH POINIE DRIVE, #3805
CITY-ST-ZIP MIAMI BEACH, FL. 33139

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 000003249540--0
STREET ADDRESS -05/11/00--01125--007
CITY-ST-ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

KEVIN D. COWAN

3/5/2000

(305) 358-6320 X956

CR2E083 (9/99)