

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008382

1. Entity Name  
BANYAN OCEAN, L.L.C.

FILED

01 JUN -5 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
5757 TIFFANY PLACE  
WEST PALM BEACH FL 33417

Mailing Address  
5757 TIFFANY PLACE  
WEST PALM BEACH FL 33417



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number APPLIED FOR

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NG, TECK SENG  
1000 10TH AVENUE SOUTH  
APT 2  
LAKE WORTH FL 33460

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, TECK SENG 1000 10TH AVENUE SOUTH APT 2 LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NG, TECK SENG 1000 10TH AVENUE SOUTH APT 2 LAKE WORTH FL 33460 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition 600004423056-7 -06/15/01-01089-007 *****50.00 *****50.00
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"/> Change <input type="checkbox"/> Addition
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

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

Date

Daytime Phone #

5/21/01 (561)317-1992

CR2E083 (11/00)

FAX #678-530-6156

202

Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

BANYAN OCEAN LLC

2 Trade name of business (if different from name on line 1)

BANYAN OCEAN

3 Executor, trustee, "care of" name

N/A

4a Mailing address (street address) (room, apt., or suite no.)

1000 10th Ave South #2

5a Business address (if different from address on lines 4a and 4b)

N/A

4b City, state, and ZIP code

LAKE WORTH FL 33460

5b City, state, and ZIP code

N/A

6 County and state where principal business is located

PALM BEACH FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

TECK SENG NG

434-61-2707

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Estate (SSN of decedent)☐ Partnership☐ Personal service corp.☐ Plan administrator (SSN)☒ REMIC☐ National Guard☐ Other corporation (specify) ►☐ State/local government☐ Farmers' cooperative☐ Trust☐ Church or church-controlled organization☐ Federal government/military☐ Other nonprofit organization (specify) ►

(enter GEN if applicable)

☐ Other (specify) ►

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

N/A

Foreign country

N/A

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ► REAL ESTATE☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Hired employees (Check the box and see line 12.)☐ Purchased going business☐ Created a pension plan (specify type) ►☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

22 Feb 2007

11 Closing month of accounting year (see instructions)

April 2002

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

Nonagricultural

Agricultural

Household

14 Principal activity (see instructions) ► Real Estate Investing

15 Is the principal business activity manufacturing?

N/A

☐ Yes☒ No

If "Yes," principal product and raw material used

N/A

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☒ Other (specify) ► TENANTS☐ Business (wholesale)☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ► none

Trade name ► none

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

N/A

City and state where filed

N/A

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(561) 317-1942

Fax telephone number (include area code)

Name and title (Please type or print clearly.)

MANAGER

TECK SENG NG

Signature

[Signature]

Date

5/24/01

Note: Do not write below this line. For official use only.

Please leave blank

Geo

Ind

Class

Size

Reason for applying