2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A0000001947					Mar 04, 2004 08:00 AM Secretary of State
1. Entity Name OCEAN THREE LIMITED PARTNERSHIP					Secretary of State
Original Class of Stations				/	16.
Principal Place of Business Mailing Address 2828 CORAL WAY, PH 2828 CORAL WAY, PH			u	ilh	) <i>/</i>
MIAMI FL 33145 MIAMI FL 33145				3/	
Principal Place of Business     3. Mailing Add			· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apr. #, etc.			MOORE CR2E003 (11/03)
City & State		City & State			4. FEI Number 65-1062009 Applied For Not Applicable
Zip	Country	Zip	Cour	tiry	Certificate of Status Desired     \$8.75 Additional     Fee Required
	6. Name and Address of Current	Registered Agent	1		7. Name and Address of New Registered Agent
				Name	
HERNANDEZ, ANGEL 2828 CORAL WAY, PH MIAMI FL 33145				Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33145					
				City	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if approache					
S. Capital Contributions     as Shown on record.     S22,000,000.00     in FLORIDA to date.				butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
12. GENERAL PARTNER INFORMATION				form; an amendment must be filed to change a general partner.  13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000114713				ADDITEDS OF INVOCES ONLY
NAME	{		518	EET ADORESS	
STREET ADDRESS			cm	/-ST-ZIP	U00000087681
CITY-ST-ZIP BOCUMENT	MIAMI FL 33145		-1-		93/15/84 00019 019 535.00
NAME			STR	EET ADDRESS	
STREET ADDRESS CITY-SI-ZIP			cm	'-ST-ZIP	
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NAME STREET ADDRESS			CITY	r-ST-ZIP	
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14. Thereby certify that the information supplied with this filling 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 General Partner of the imited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes					

ANGEL HERNANDEZ

FILED