

2002 UNIFORM BUSINESS REPORT (UBR)

0005029 AT

LF.

FILED

02 APR 25 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A22853

1. Entity Name
1200 OCEAN ASSOCIATES, LTD.

| | |
|---|---|
| Principal Place of Business 103 GREENE STREET NEW YORK NY 10012 | Mailing Address 103 GREENE STREET NEW YORK NY 10012 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DUE BY MAY 1, 2002

| | |
|---|--|
| 4. FEI Number 58-1735386 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MARLO COURTNEY
640 OCEAN DRIVE
MIAMI BEACH FL 33139**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. \$60,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO 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.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | |
|---|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | M34586 PARK 1200, INC. 103 GREENE STREET NEW YORK NY |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|-------------------------------|--|
| STREET ADDRESS CITY-ST-ZIP | |
| STREET ADDRESS CITY-ST-ZIP | 800005450338--0 -05/03/02--01054--018 ***508.75 ***508.75 |
| STREET ADDRESS CITY-ST-ZIP | |
| STREET ADDRESS CITY-ST-ZIP | |
| STREET ADDRESS CITY-ST-ZIP | |
| STREET ADDRESS CITY-ST-ZIP | |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: ~~SIGNATURE REQUIRED~~ **4-22-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)