

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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 804 Ocean Drive	3. Mailing Address 804 Ocean Drive	
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor	
City & State Miami Beach, Florida		4. FEI Number 58-1735386
Zip 33139	Country Miami-Dade	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
MARLO COURTNEY 618 OCEAN DRIVE 804 Ocean Drive - 2nd Floor MIAMI BEACH, FL 33139		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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____		DATE 3-16-05
9. Capital Contributions as Shown on record. \$60,000.00		10. Amount of Capital Contributions in FLORIDA to date.
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		13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M34586 PARK 1200, INC. 103 GREENE STREET NEW YORK, NY	STREET ADDRESS 804 Ocean Drive - 2nd Floor CITY-ST-ZIP Miami Beach, FL 33139
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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: _____		DATE 3-16-05 (305) 531-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

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