

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A22853**

1. Entity Name  
 1200 OCEAN ASSOCIATES, LTD.



**FILED**

2007 APR 13 AM 10:05

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
 804 OCEAN DRIVE  
 2ND FLOOR  
 MIAMI BEACH, FL 33139

Mailing Address  
 804 OCEAN DRIVE  
 2ND FLOOR  
 MIAMI BEACH, FL 33139



**DO NOT WRITE IN THIS SPACE**

01022007 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-1735386	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARLO COURTNEY  
 804 OCEAN DRIVE  
 2ND FLOOR  
 MIAMI BEACH, FL 33139

**DO NOT WRITE  
 IN THIS SPACE**

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 applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	M34586
NAME	PARK 1200, INC.
STREET ADDRESS	804 OCEAN DRIVE, 2ND FL
CITY-ST-ZIP	MIAM BEACH, FL 33139.

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CITY-ST-ZIP	

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**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-4-07 305-531-4411  
Date Daytime Phone #

STATE OF FLORIDA