


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 7:54

DOCUMENT # A22853 1. Entity Name 1200 OCEAN ASSOCIATES, LTD.	
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Principal Place of Business 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139	Mailing Address 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-1735386	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900123066519
 04/11/08--01042--015 **508.75

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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

Date _____ Daytime Phone # _____