

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006201 AT

DOCUMENT # A22853

1. Entity Name
1200 OCEAN ASSOCIATES, LTD.

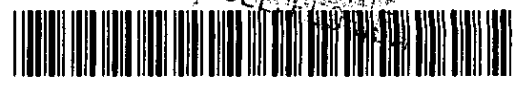


FILED

03 MAR 25 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 103 GREENE STREET NEW YORK NY 10012	Mailing Address 103 GREENE STREET NEW YORK NY 10012
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DUE BY MAY 1, 2003

City & State	City & State
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4. FEI Number 58-1735386	Applied For
	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARLO COURTNEY
640 OCEAN DRIVE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record.	\$60,000.00
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10. Amount of Capital Contributions in FLORIDA to date.

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.
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 #	M34586	NAME	PARK 1200, INC.	STREET ADDRESS	103 GREENE STREET	CITY-ST-ZIP	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	
DOCUMENT #		NAME		STREET ADDRESS		CITY-ST-ZIP	

STREET ADDRESS			
CITY-ST-ZIP	700014692727	03/25/03--01085--012	**508.75
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

M THOMAS

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]* **SIGNATURE REQUIRED** 02/26/03 (305) 531-4411

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

CR2E003 (10/02)