2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

HERE

CHECK

SIGNATURE:

SECRETARY OF STATE DOCUMENT # A0000001754 TALLAHASSEE, FLORIDA 1. Entity Name SOUTH BEACH OCEAN PARCEL II, LTD. 08 MAR 31 PM 2: 36 Principal Place of Business Mailing Address 100 SOUTH POINTE DRIVE 200 SOUTH POINTE DRIVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 01242008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1057192 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, 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 # F00000006391 NAME SOUTH BEACH OCEAN PARCEL II, G.P., INC. STREET ADDRESS 667 MADISON AVE. CITY-ST-ZIP NEW YORK, NY 10021 200121348 03/27/08--01001--001 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information acture shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership is required by Chapter 620, Florida Statutes 14. I hereby certify that the information s indicated on this report is true and or the receiver or trustee empower

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILLU

Daytime Phone #