

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # A04000000774

1. Entity Name
FORTUNE OCEAN, LLLP



Principal Place of Business
**1300 BRICKELL AVENUE
MIAMI, FL 33131**

Mailing Address
**1300 BRICKELL AVENUE
MIAMI, FL 33131**



01312007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 20-1239922 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--|

6. Name and Address of Current Registered Agent

**SANCHEZ, MILAGROS A P.A.
1300 BRICKELL
MIAMI, FL 33131**

**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 # | L04000035916 |
| NAME | OCEAN RESIDENCES GP, LLC |
| STREET ADDRESS | 1300 BRICKELL AVENUE |
| CITY- ST- ZIP | MIAMI, FL 33131 |

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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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**U00000644120
03/02/07-80029-019 500.00**

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IN THIS SPACE**

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

02/14/07

305-351-1000

Daytime Phone #

STAPLE CHECK HERE