

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 1:07

1. Name of Limited Partnership

1a. DOCUMENT #
A13534

MARTIN OCEAN LIMITED PARTNERSHIP



Mailing Address

1101 LANGLEY LANE
MCLEAN VA 22101

Principal Office Address

7 OCEAN DRIVE
JUPITER FL 33469

3. Date Formed or Registered

12/02/1982

5a. Capital Contributions as
Shown on record.

\$2,000.00

3a. Date of Last Report

12/30/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

VA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

54-1215646

☐ Applied For
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

Zip

Country

Zip

Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ZARETSKY, RICHARD P.
1655 PALM BEACH LAKES BLVD.
SUITE 900
W. PALM BEACH FL 33401

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number, if applicable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105-1 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

MARTIN, VANA E.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1101 LANGLEY LANE

11b. City, State & Zip Code

MCLEAN VA

11c. Registration/
Document Number

Handwritten signature and initials

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Vanah E. P.*
Typed or Printed Name of General Partner Signing Form **VANA E. MARTIN**

DATE

11/18/97

Daytime Telephone Number

703-821-0707

CR2ED03 (6/97)