## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERA

## **FILED** Apr 30, 2004 08:00 AM Secretary of State DOCUMENT # A18871 OCEAN WORLD ASSOCIATES, LTD. Principal Place of Business Mailing Address C/O C. RONALD BLEZNAK C/O THE AMERIMAR REALTY COMPANY 210 WEST RITTENHOUSE SQUARE, SUITE 19 124 VICTORY DRIVE PHILADELPHIA PA 19103 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt # etc CR2E003 (11/03) Applied For City & State City & State 4. FEI Number 58-1588809 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Signature Typed or printed name of registered agent and title it applicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$100,000.00 060, 484 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT# P94000047366 STREET ADDRESS NAME GENOWA GP, INC. C/O 210 WEST RITTENHOUSE SQ., STE. 1900 STREET ADDRESS CITY - ST - ZIP U00000158393 PHILADELPHIA PA 19103 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHECK HERE D¶CUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP STAPLE DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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.