

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT

82008

DOCUMENT # **A18871**

1. Entity Name  
**OCEAN WORLD ASSOCIATES, LTD.**



**FILED**  
**Nov 17, 2003 8:00 A**  
**Secretary of State**

Principal Place of Business  
**C/O C. RONALD BLEZNAK  
124 VICTORY DRIVE  
JUPITER FL 33477**

Mailing Address  
**C/O THE AMERIMAR REALTY COMPANY  
210 WEST RITTENHOUSE SQUARE, SUITE 1900  
PHILADELPHIA PA 19103**



2. Principal Place of Business		3. Mailing Address		<b>DUE BY SEPTEMBER 24, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-1588809</b>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		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.

**Brian Courtney**  
**Asst. V. Pres**

SIGNATURE: *[Signature]* DATE: **11/2/03**

9. Capital Contributions as Shown on record. **\$100,000.00**

10. Amount of Capital Contribution 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 #	<b>P94000047366</b>	STREET ADDRESS	<b>100025036791</b>
NAME	<b>GENOWA GP, INC.</b>	CITY-ST-ZIP	<b>11/25/03--01050--007 **141.25</b>
STREET ADDRESS	<b>C/O 210 WEST RITTENHOUSE SQ., STE. 1900</b>	STREET ADDRESS	<b>100025036791</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA 19103</b>	CITY-ST-ZIP	<b>11/25/03--01050--005 **608.75</b>
DOCUMENT #		STREET ADDRESS	<b>100025036791</b>
NAME		CITY-ST-ZIP	<b>11/25/03--01050--006 **276.25</b>
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/03)