2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 8:29

DOCUMENT # A22545

1. Entity Name
OCEAN DRIVE ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
103 GREENE STREET NEW YORK, NY 10012	103 GREENE STREET NEW YORK, NY 10012

02242005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
805 Ocean Drive	804 Ocean Drive
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc. 2nd Floor
City & State Miami Beach, Florida	City & State Miami Beach, Florida
Zip 33139 Country Miami-Dade	Zip 33139 Country Miami-Dade

4. FEI Number
58-1727125
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARLO COURTNEY ~~805 OCEAN DRIVE~~ 804 Ocean Drive - 2nd Floor MIAMI BEACH, FL 33139	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.

SIGNATURE _____ 3-16-05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,450,000.00	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M27414	STREET ADDRESS	804 Ocean Drive - 2nd Floor
NAME	PARK HEATHCOTE, INC.	CITY-ST-ZIP	Miami Beach, FL 33139
STREET ADDRESS	103 GREENE STREET		
CITY-ST-ZIP	NEW YORK, NY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600049198946
STREET ADDRESS			03/25/05--01059--019 **535.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 3-16-05 (305)531-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #