


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A22545</b> 1. Entity Name OCEAN DRIVE ASSOCIATES, LTD.	
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SECRETARY OF STATE  
DIVISION OF CORPORATE & STATE CREATIONS  
06 FEB 24 AM 10:03

Principal Place of Business 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139	Mailing Address 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139
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*[Handwritten initials]*



**DO NOT WRITE IN THIS SPACE**

01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number 58-1727125	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARLO COURTNEY 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	M27414 PARK HEATHCOTE, INC. 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139
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**DO NOT WRITE  
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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

280-00 305-531-4411

STAPLE CHECK HERE