## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A22545

1. Entity Name OCEAN DRIVE ASSOCIATES, LTD.



FILEU SECRETARY OF STATE TALLAHASSEE, FLORIDA

08 APR 14 AM 7: 54

Principal Place of Business 804 OCEAN DRIVE

2ND FLOOR MIAMI BEACH, FL 33139 Mailing Address

804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139



01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 58-1727125 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MARLO COURTNEY 804 OCEAN DRIVE 2ND FLOOR MIAMI BEACH, FL 33139

## DO NOT WRITE IN THIS SPACE

| MIAMI BEACH, FL 33139   |   | IN THIS SPACE  |
|---|---|--|
|   |   |  |
|   | named entity submits this statement for the purpose of changing ions of registered agent. | its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |
| SIGNATURE - Signature, typed or printed name of registered agent and title if applicable.   |   | DATE   |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2008, Fee will be \$9                         |  |
| 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   | M27414<br>PARK HEATHCOTE, INC.  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 804 OCEAN DRIVE, 2ND FLOOR<br>MIAMI BEACH, FL 33139                                       | 600123066476<br>04/11/0801042014 **\$08.75   |
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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 the 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 eport as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #