


2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

<b>DOCUMENT # A22853</b> 1. Entity Name 1200 OCEAN ASSOCIATES, LTD.	
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FILED

04 APR 30 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 103 GREENE STREET NEW YORK, NY 10012		Mailing Address 103 GREENE STREET NEW YORK, NY 10012	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-1735386		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

01122004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent MARLO COURTNEY 640 OCEAN DRIVE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

9. Capital Contributions as Shown on record. \$60,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	M34586	STREET ADDRESS	
NAME	PARK 1200, INC.	CITY-ST-ZIP	400035849494
STREET ADDRESS	103 GREENE STREET		05/11/04--01014--011 **508.75
CITY-ST-ZIP	NEW YORK, NY		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-27-04

Date

305-531-4411

Daytime Phone #

STAPLE CHECK HERE