


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED

04 APR 30 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A22853 1. Entity Name 1200 OCEAN ASSOCIATES, LTD.	
---	---

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.	01122004 Chg-LP CR2E003 (10/03)
---	---	---------------------------------

City & State	City & State	4. FEI Number 58-1735386
--------------	--------------	-----------------------------

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	---

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
--	---

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.	
---	---	--

**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 # NAME STREET ADDRESS CITY-ST-ZIP	M34586 PARK 1200, INC. 103 GREENE STREET NEW YORK, NY	STREET ADDRESS CITY-ST-ZIP	 400035849494 05/11/04--01014--011 **508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400035849494 05/11/04-- 01014 --011 **508.75 508.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: _____ **4-27-04** **305-531-4411**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #