



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR -1 AM 8:54

<b>DOCUMENT # A23010</b> 1. Entity Name OCEAN WASHINGTON ASSOCIATES, LTD.					
Principal Place of Business 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139			Mailing Address 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139		
2. Principal Place of Business <i>230 5th Street</i> Suite, Apt. #, etc.		3. Mailing Address <i>230 5th Street</i> Suite, Apt. #, etc.			
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>		02212005    Chg-LP    CR2E003 (10/03)	
Zip <i>33139</i>		Country <i>USA</i>		4. FEI Number 58-1735388	
Zip <i>33139</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  SCOTT ROBINS 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name <i>Scott Robins</i> Street Address (P.O. Box Number is Not Acceptable) <i>230 5th Street</i> City <i>Miami Beach</i> FL    Zip Code <i>33139</i>	
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 <i>2/21/05</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.    \$101,786.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
M35859 PARK WASHINGTON, INC. 523 MICHIGAN AVENUE MIAMI BEACH, FL 33139			<i>230 5th Street</i> <i>Miami Beach, FL 33139</i>		
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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 Section 620, Florida Statutes.					
SIGNATURE: _____ DATE <i>2/21/05</i> <i>305-674-0600</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE