## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED Feb 26, 2007 08:00 A Secretary of State

1. Entity Name OCEAN WASHINGTON ASSOCIATES, LTD.				Secretary of S		
Principal Place 230 5TH STI MIAMI BEACE		Mailing Address 230 5TH STREET MIAMI BEACH, FL 33139		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BB(2) 1(5); B2(( 2(0))	
	The second secon					
DO NOT WRITE IN THIS SPA			CE	01312007 No Chg 4. FEI Number 58-1735388		Applied For Not Applicable  \$8.75 Additional
*	6, Name and Address of Current			5. Certificate of Status	Desired	Fee Required
ROBINS, SCOTT 230 5TH STREET MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement to ions of registered agent.  Signature, typed or profiled name of registered agent.		ered office or register	red agent, or both, in the	State of Florida. La	
	FILE NOV	fill FEE IS \$500.00 007, Fee will be \$900.00	-			
	A GENERAL PARTNER T	HAT IS A BUSINESS ENTITY I				
12.  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP  DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP	GENERAL PARTNEF M35859 PARK WASHINGTON, INC. 230 5TH STREET MIAMI BEACH, FL 33139				U000005495	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	gat in the first of the	A TOTAL CONTRACTOR

14. I hereby certify that his information supplied with this filling 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 exempte this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/14/07

305-671-0606