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

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## FILED Jan 22, 2008 08:00 A Secretary of State

Due By May 1, 2008						
DOCUMENT # A23010			665		Secretary of S	
1. Entity Name OCEAN WASHINGTON ASSOCIATES, LTD.						
230 5TH STI	ce of Business REET H, FL 33139	Mailing Address 230 5TH STREET MIAMI BEACH, FL 33139			Di BAN 4)DI BIBN BIBN BIBN BIBN BIBN BIBN BI	
DO NOT WRITE IN THIS SPACE			CE	01082008 No Chg-LP	CR2E003 (12/06)	
				58-1735388	Not Applicable	
***	· · · · · · · · · · · · · · · · · · ·			5. Certificate of Status Desi	red S8.75 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		<u> </u>	/ 00 150quilou	
ROBINS, SCOTT 230 5TH STREET MIAMI BEACH, FL 33139				DO NOT IN THIS	€	
			s			
		the purpose of changing its register	L ed office or register	ed agent, or both, in the State	of Florida. I am familiar with, and accept	
the obligat	tions of registered agent.	-				
SIGNATURE					DATE	
	FILE NOW After May 1, 2	ill FEE IS \$500.00 008, Fee will be \$900.00		U0(	0000791807 200_00000_016 too 00	
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		i; an amenomen	t must be filed to change	a general partner.	
DOCUMENT # NAME STREET ADDRESS	M35859 PARK WASHINGTON, INC. 230 5TH STREET	,				
DOCUMENT #  NAME  STREET ADDRESS CITY-SI-ZIP	MIAMI BEACH, FL 33139	**************************************				
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST-ZIP				DO NOT \	WRITE	
DOCUMENT # NAME STREET ADDRESS		s · .		IN THIS S	PACE	
CITY-ST-ZIP  DOCUMENT #  NAME						
STREET ADDRESS CITY - ST - ZIP DOCUMENT #						
NAME	i	<b>.</b> .				

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 frue 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER