

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 JAN 12 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A29204

OCEAN BREEZE, LTD.



98 1/21

Mailing Address

560 OLD SCHOOL RD
GULFSTREAM FL 33483

Principal Office Address

560 OLD SCHOOL RD
GULFSTREAM FL 33483

3. Date Formed or Registered

11/13/1989

5a. Capital Contributions as
Shown on record

\$3,750,000.00

3a. Date of Last Report

06/09/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

1177 George Bush Blvd

Suite, Apt. #, etc.

#101

City & State

Delray Beach, FL

Zip
33483

2a. Principal Office Address

1177 George Bush Blvd

Suite, Apt. #, etc.

#101

City & State

Delray Beach, FL

Zip
33483

6. FEI Number

65-0623507

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.
1855 PALM BEACH LAKES BLVD., #600
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

PETER MARGOLIN

Street Address (P.O. Box Number Is Not Acceptable)

1200 N Federal Highway

Suite, Apt. #, etc.

Suite 200

City

Boca Raton

FL

Zip Code

33432

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Peter Margolin DATE 1/5/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

MARK TIMOTHY, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

~~560 OLD SCHOOL RD~~
1177 George Bush Blvd
Suite #101

11b. City, State & Zip Code

~~GULF STREAM FL 33483~~
Delray Beach, FL
33483

11c. Registration/
Document Number

L28855

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

12/20/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)