

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A30815 1. Entity Name OC ASSOCIATES, LTD.	
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Principal Place of Business 3201 BAYOU SOUND LONGBOAT KEY, FL 34228	Mailing Address P.O. BOX 1068 DEBARY, FL 32713
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address 3201 Bayou Sound Suite, Apt. #, etc. City & State Longboat Key, FL Zip Country 34228
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01262004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0248498	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MATTHEW INVESTMENTS, INC. 3201 BAYOU SOUND LONGBOAT KEY, FL 34228	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: \$5,281,071.57	10. Amount of Capital Contributions in FLORIDA to date.	
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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 #	L21262	STREET ADDRESS	
NAME	MATTHEW INVESTMENTS, INC	CITY-ST-ZIP	
STREET ADDRESS	3201 BAYOU SOUND		
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		
DOCUMENT #		STREET ADDRESS	400037846634
NAME		CITY-ST-ZIP	06/10/04--01013--015 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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: William V... 3/18/04 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

FILED

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MOBILE, FLORIDA