

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005


FILED

05 APR 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132005 Chg-LP CR2E003 (10/03)

DOCUMENT # A93000001174					
1. Entity Name OCEAN CITY PROPERTIES, LTD.					
Principal Place of Business 220 NORTHEAST FIRST STREET DELRAY BEACH, FL 33444			Mailing Address 220 NORTHEAST FIRST STREET DELRAY BEACH, FL 33444		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0471463	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ONNEN, JANET I 220 N.E. FIRST ST. DELRAY BCH., FL 33444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$20,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P93000078200		STREET ADDRESS		
NAME	OCEAN CITY PROPERTIES, INC.		CITY-ST-ZIP		
STREET ADDRESS	220 NORTHEAST FIRST STREET				
CITY-ST-ZIP	DELRAY BEACH, FL 33483				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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: <i>Tim D. Onnen</i>			TIM ONNEN 4-13-05 561 276 2323		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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