

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

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**



04172006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0471463

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ONNEN, JANET I
220 N.E. FIRST ST.
DELRAY BCH., FL 33444**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 INFORMATION

DOCUMENT # **P93000078200**
NAME **OCEAN CITY PROPERTIES, INC.**
STREET ADDRESS **220 NORTHEAST FIRST STREET**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000557473
05/17/06-80050-030 508.75

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANET I. ONNEN

Date

4/19/06

Daytime Phone #

561 276 2323

STAPLE CHECK HERE