2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

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FILED ---DOCUMENT # A9400001051 Mar 28, 2007 08:00 AN Secretary of State 1. Entity Namo OCEAN "7" ENTERPRISES, LTD. Principal Place of Business Mailing Address 15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418 15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 65-0504013 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Cortificate of Status Dosired Fee Remited 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ROZZO, TODD S Street Address (P.O. Box Number is Not Acceptable) 15701 78TH DRIVE NORTH PALM BEACH GARDENS FL 33418 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 U00000681725 04/04/07-80056-<u>00</u>8 <u>500.</u>00 SIGNATURE Signature, typed or purred name of registered agent and title if applicable FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION 12. 13, ADDRESS CHANGES ONLY DOCUMENT # STREET ADORESS NAM ROZZO, TODD S TRUSTEE STREET ADDRESS 15701 78TH DRIVE NORTH CHY SUZE CHY ST 7IP PALM BEACH GARDENS FL 33418 DOCUMENT # SIRELL ADDRESS MAN STREET ADDRESS CITY SEZIP CITY ST- ZP DOCUMENT / SHELL ADDRESS MAM STREET ADDRESS CHY SI-ZIP CHY ST ZIP DOCUMENT A SIRFE LABORESS NAME STREET ADDRESS CHY-SI ZIP CITY ST ZIP DOCUMENT # SIBLE LADDITISS NAME STREET ADDRESS DITY SEZIP CITY ST 789 DOCUMENT # SIDELE ADDRESS MAMI STILL LADORESS CHY-SI-ZIP CITY ST ZIP 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 certify 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