


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

FILED

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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 OCEAN GROVE ASSOCIATES, LTD.		1a. DOCUMENT # A95000000023 98-AR CM	
Mailing Address 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR MIAMI FL 33133	Principal Office Address 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR MIAMI FL 33133		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



3. Date Formed or Registered 01/05/1995	5a. Capital Contributions as Shown on record. \$1,850,000.00
3a. Date of Last Report 01/02/1997	5b. Amount of Capital Contributions in FLORIDA to date. \$3,800,000.00
4. State or Country of Formation FL	
6. FEI Number 65-0545055	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$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 LANGLEY, MARCIA 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR MIAMI FL 33133	10. If changed, new Registered Agent/Office Name Joel K. Goldman Street Address (P.O. Box Number Is Not Acceptable) 2601 South Bayshore Drive Suite, Apt. #, etc. 9th Floor City Miami Zip Code FL 33133
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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) *Joel K. Goldman*

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) OCEAN GROVE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2601 SOUTH BAYSHORE D	11b. City, State & Zip Code MIAMI FL 33133	11c. Registration/ Document Number P94000094143
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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 *Paula Cox*, VP, Ocean Grove, Inc., general partner DATE **12/6/97**

Typed or Printed Name of General Partner Signing Form **PAULA COX**

Daytime Telephone Number **305-859-4300**

CR2E003 (6/97)