FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A9500000023

OCEAN GROVE ASSOCIATES, LTD.

FILED

98 DEC 31 AM 10: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Mailing Address 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR MIAMI FL 33133 | Principal Office Address 2601 SOUTH BAYSHORE DRIVE. 9TH FLOOR MIAMI FL 33133 | | | 3. Date Formed or Registered 01/05/1995 3a. Date of Last Report 01/22/1998 | 5a. Capital Contributions as Shown on record. \$3,800,000.00 | | |
|---|---|---|----------------|---|--|-----------------------------------|--|
| 2. Mailing Address | 2a. Principal Office Address | | | 4. State or Country of Formation | | Contributions in FLORIDA to date: | |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. City & State | | | 6. FEI Number Applied For 65-0545055 Applied For Not Applicable | | | |
| Zip Country | Zip Country | | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |
| 9. Name and Address of Gurrent Registered Agent GOLDMAN, JOEL K 2601 SOUTH BAYSHORE DRIVE, 9TH FLOOR MIAMI FL 33133 | | 10. If changed, new Registered Agent/Office Name | | | | | |
| | | Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | | | | |
| | City | | FL Zip Code | | | Zip Code | |
| 10a. Pursuant to the provisions of sections 620.191 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. | | | | | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY | | | | | | | |
| | T BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | | | |
| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office Box Numbers) | | 11b. | City, State & Zip Code | 11c. | Document Number | |
| OCEAN GROVE, INC. | C. 2601 SOUTH BAYSHORE D | | MIAMI FL 33133 | | P9400094143 735533-5 | | |
| | | | | 300002 ⁻ -01/11/ ***227 | 76.25 ****526.45 | | |
| | | | dec | | *526.25 | | |
| 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. VICE PRESIDENT SIGNATURE DATE DATE | | | | | | | |
| Typed or Printed Name of General Partner Signing Form Paula Cook Daytime Telephone Number 305 859-4000 | | | | | | | |