

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 20 PM 4:26



1. Name of Limited Partnership

1a. DOCUMENT #  
A95000000052

OCEAN VILLAS LIMITED PARTNERSHIP

Mailing Address

3120 COLLINS AVENUE  
MIAMI BEACH FL 33140

Principal Office Address

3120 COLLINS AVENUE  
MIAMI BEACH FL 33140

3. Date Formed or Registered

01/09/1995

3a. Date of Last Report

05/23/1997

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record.

\$650,000.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

7601 E. TREASURER DR.

Suite, Apt. #, etc.

1710

City & State

N. Bay Village FL

Zip

33141

Country

USA

2a. Principal Office Address

7601 E. TREASURER DR.

Suite, Apt. #, etc.

1710

City & State

N. Bay Village FL

Zip

33141

Country

USA

6. FEI Number

65-0567322

☐ Applied For  
☐ Not Applicable

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 Current Registered Agent

WEBBER, LAUREN JD  
3120 COLLINS AVE  
MIAMI BEACH FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10. If changed, new Registered Agent/Office

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)

DATE

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)

FIRST EQUITABLE REALTY (MIAM

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

3120 COLLINS AVENUE

11b. City, State & Zip Code

MIAMI BEACH FL 33140

11c. Registration/  
Document Number

P94000059353

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-02/24/98--01079--011  
\*\*\*\*526.25 \*\*\*\*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.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

JOEL 61462

Daytime Telephone Number

305 861 6000

CR2E003 (6/97)