

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
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FILED

97 JAN 29 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership OCEAN VIEW OF MIAMI LTD	1a. DOCUMENT # A95000001218
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97-AR  
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Mailing Address C/O CLAUDIO STIVELMAN TWO SOUTH BISCAYNE BLVD. SUITE 2980 MIAMI, FLORIDA 33131	Principal Office Address SAME	3. Date Formed or Registered AUG. 15, 1995	5a. Capital Contributions as Shown on record 250,000
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report DEC. 9, 1995	5b. Amount of Capital Contributions in FLORIDA to date 250,000
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FLORIDA	
City & State	City & State	6. FEI Number 65-0605874	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	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 LEHMAN, RICHARD S., ESQ. 2600 N. MILITARY TRAIL SUITE 270 BOCA RATON, FL. 33134	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Numbers Not Acceptable) Suite, Apt. #, etc. City Zip Code
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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) \_\_\_\_\_ 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) OCEAN ENTERPRISES DEVELOPMENT, CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) TWO SOUTH BISCAYNE BOULEVARD SUITE 2980	11b. City, State & Zip Code MIAMI, FL. 33131	11c. Registration/ Document Number A95000062968
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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 \_\_\_\_\_ DATE 1/23/94

Typed or Printed Name of General Partner Signing Form JACQUES CLAUDIO STIVELMAN Telephone Number (305) 8584040

CR2503 (5/94)