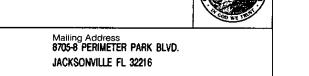
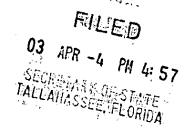
1. Entity Name OCEAN PARK PARTNERSHIP, LTD.



Principal Plac	e of	Busine	ess
8705-8 PERIM	ETER	Park	BLVC
JACKSONVILL	E FL	32216	







2. Principal Place of Business 3. Mailing Address		S							
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State		City & State		4	FEI Number 59-3319016			Applied For	_
					23 00 100 10			Not Applicabl	e
Zip	Country	Zip	Country	5	. Certificate of Status Desired	Þ		8.75 Additional ee Required	
	6. Name and Address of Co	irrent Registered Agent		7	. Name and Address of New Re	gistered	Agent		Т
FORT, DONA	ALD C			Name					
	METER PARK BLVD.			Street Address (P.O	. Box Number is Not Acceptable)				
JACKSONVIL	LE FL 32216								
				City		FL	Zip (Code .	_
8. The above na the obligation:	med entity submits this staten s of registered agent.	nent for the purpose of chan-	ging its registered	office or registered	agent, or both, in the State of Flor	ida. I am	familiar w	ith, and accept	
SIGNATURE									
SignAt Une Sign	nature, typed or printed name of registere	d agent and title if applicable.				DATE			
									-

9. Capital Contributions \$2,178,625.00 as Shown on record.

Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P95000093642 D.C.F. OF JACKSONVILLE, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	8705-8 PERIMETER PARK BLVD. JACKSONVILLE FL 32216	CITY-ST-ZIP	700015318247 04/04/0301053021 **535,90
DOCUMENT # NAME	·	STREET ADDRESS	,
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME	•••	STREET ADDRESS	n 2
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	1710
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	·
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oath; 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

SIGNATURE:

