

2002 UNIFORM BUSINESS REPORT (UBR)

DATE 1-7-02 AT

DOCUMENT # A96000000093

FILED

1. Entity Name

OCEAN VIEW ASSOCIATES OF BROWARD, LTD.

02 JAN 10 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 741 N.W. 43RD AVENUE, COCONUT CREEK FL 33066
Mailing Address: 741 N.W. 43RD AVENUE, COCONUT CREEK FL 33066

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

DUE BY MAY 1, 2002
4. FEI Number: 59-1868435
Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIRD, KEITH
741 N.W. 43RD AVENUE
COCONUT CREEK FL 33066

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *[Signature]* DATE: 1-7-2002

9. Capital Contributions as Shown on record: \$263,200.00
10. Amount of Capital Contributions in FLORIDA to date: _____
11. MAKE CHECK PAYABLE TO 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 #	BIRD, KEITH	STREET ADDRESS	
NAME	741 N.W. 43RD AVENUE	CITY-ST-ZIP	
STREET ADDRESS	COCONUT CREEK FL 33066		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	400004775874--9
NAME		CITY-ST-ZIP	01/15/02 01050 022
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: *KEITH BIRD* **GENERAL PARTNER** *Keith Bird* DATE: 1-7-2002 DAYTIME PHONE #: 954-971-3070

CR2E003 (9/01)