2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

HERE

CHECK

SIGNATURE

-Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # A9600000093 1. Entity Name OCEAN VIEW ASSOCIATES OF BROWARD, LTD. Principal Place of Business Mailing Address 741 N.W. 43RD AVENUE COCONUT CREEK FL 33066 741 N.W. 43RD AVENUE COCONÜT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address 4110 NW 9th Court Suite, Apt, #, etc. Suite, Apt #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-1868435 Coconut Creek. Not Applicable Zιρ Country Country Zιρ \$8.75 Additional 5. Certificate of Status Desired 33066 Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIRD, KEITH Street Address (P.O. Box Number is Not Acceptable) 741 N.W. 43RD AVENUE COCONUT CREEK FL 33066 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION 9. Capital Contributions 10. Amount of Capital Contributions \$263,200.00 as Shown on record. in FLORIDA to date 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 # STREET ADDRESS NAME BIRD, KEITH STREET ADDRESS 741 N.W. 43RD AVENUE U00000092667 CITY-ST-7IP CATY - ST - ZIP COCONUT CREEK FL 33066 <u>03/10/04-80003-018_526.25</u> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7(2 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7IP

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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

954-973-0065