2003 LIMITED PARTNERSHIP

UN	IIFOR	M BUSIN	ESS RE	PORT	(UBR)			
DOCUMENT # A960000093 1. Entity Name OCEAN VIEW ASSOCIATES OF BROWARD, LTD.						FILED		
					Too we II	O3 FEB IO AMII: 00		
Principal Place of Business 741 N.W. 43RD AVENUE COCONUT CREEK FL 33066			Mailing Address 741 N.W. 43RD AVENUE COCONUT CREEK FL 33066			SECRETARY OF STALL TATEAHASSEE, FLORIDA		
2. Pincipal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number 59-1868435	Applied For Not Applicable	
Zip	Country Zip		Zip	(Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
•		and Address of Current	Registered Agen	t		7. Name and Address of New Registered	Agent	
· · · · · · · · · · · · · · · · · · ·					Name			
BIRD, KEITH					0	Ctrost Address (DO Do Number States		
- 741 N.W.*43RD AVENUE					Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
COCONUT CREEK FL 33066								
					City	City Zip Code		
8. The above the obligat	named entity	submits this statement for	or the purpose of cl	hanging its reg	istered office or reg	istered agent, or both, in the State of Florida. I am	familiar with, and accept	
SIGNATI IDE		-		- · · ·				
Signature, typed or printed name of registered agent and title if applicable.						DATE		
9. Capital Contributions as Shown on record. \$263,200.00 In FLORIDA				ORIDA to date.		11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO	R FEE INFORMATION	
A GENERAL PARTNER THAT IS A BUSINESS ENTI NOTE: General Partners MAY NOT be changed on the					Y MUST BE REC orm; an amendr	ISTERED AND ACTIVE WITH THIS OFFICE nent must be filed to change a general par	tner.	
12.		GENERAL PARTNER			13.	ADDRESS CHANGES ON		
DOCUMENT # NAME	BIRD, KEITH 741 N.W. 43RD AVENUE COCONUT CREEK FL 33066				STREET ADDRESS	1000122230!		
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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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP