

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  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 OCT 18 PM 12:38



1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001337**

**EAST OCEAN, LTD.**

Mailing Address  
**3311 N.E. 26TH AVENUE  
LIGHTHOUSE POINT FL 33064**

Principal Office Address  
**3311 N.E. 26TH AVENUE  
LIGHTHOUSE POINT FL 33064**

3. Date Formed or Registered  
**07/15/1996**

5a. Capital Contributions as  
Shown on record  
**\$5,020.00**

3a. Date of Last Report  
**—**

4. State or Country of Formation  
**FL**

5b. Amount of Capital  
Contributions in FLORIDA  
to date

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

**Applied for See Attached**

☒ Applied For  
☐ Not Applicable

7. Certificate of Status Desired



**\$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

**SCHNEIDER, JAMES M  
ATLAS, PEARLMAN, TROP & BORKSON, P.A.  
200 EAST LAS OLAS BLVD., SUITE 1900  
FORT LAUDERDALE FL 33301**

10. If changed: new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc

City

**3000001993003--2**

**-10/31/96--01110--000**

**\*\*\*\*191.25 \*\*\*\*191.25**

**FL**

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registrar's/  
Document Number

**COHEN, LAWRENCE**

**3311 N.E. 26TH AVENUE**

**LIGHTHOUSE POINT FL 33064**

SIGNATURE

DATE

**10-14-96**

Typed or Printed Name of General Partner Signing Form

**LAWRENCE COHEN**

Daytime Telephone Number

**954-943 4070**

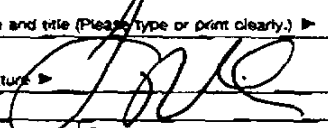
CR2E003 (6/96)

Form **SS-4**  
(Rev. December 1993)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, ~~other~~ **SECRETARY OF COMMERCE** government agencies, certain individuals, and others. See instructions.)

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <b>EAST OCEAN, LTD.</b>		95 OCT 18 PM 12:38	
2 Trade name of business, if different from name in line 1 <b>N/A</b>		3 Executor, trustee, "care of" name <b>N/A</b>	
4a Mailing address (street address) (room, apt., or suite no.) <b>3311 N.E. 26TH AVENUE,</b>		5a Business address, if different from address in lines 4a and 4b <b>N/A</b>	
4b City, state, and ZIP code <b>LIGHTHOUSE POINT, FL 33064</b>		5b City, state, and ZIP code <b>N/A</b>	
6 County and state where principal business is located <b>BROWARD COUNTY, FLORIDA</b>			
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <b>LAWRENCE COHEN, GENERAL PARTNER</b>			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Sole Proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> REMIC		<input type="checkbox"/> Plan administrator—SSN	
<input type="checkbox"/> State/local government		<input type="checkbox"/> Other corporation (specify) _____	
<input type="checkbox"/> Other nonprofit organization (specify) _____		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Church or church controlled organization	
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> Partnership	
<input type="checkbox"/> National guard		<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> (enter GEN if applicable)	
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ <b>N/A</b>		Foreign country <b>N/A</b>	
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business (specify) ▶ _____		<input type="checkbox"/> Changed type of organization (specify) ▶ _____	
<input type="checkbox"/> Hired employees		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____		<input type="checkbox"/> Created a trust (specify) ▶ _____	
<input type="checkbox"/> Banking purpose (specify) ▶ _____		<input type="checkbox"/> Other (specify) ▶ _____	
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>JULY 15, 1996</b>		11 Enter closing month of accounting year. (See instructions.) <b>DECEMBER 31</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ <b>UNKNOWN</b>			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0". . . . . ▶		Nonagricultural	Agricultural
		<b>0</b>	<b>0</b>
14 Principal activity (See instructions.) ▶			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.			
Legal name ▶ <b>N/A</b>		Trade name ▶	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year) <b>N/A</b>		City and state where filed <b>N/A</b>	
		Previous EIN <b>N/A</b>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ <b>LAWRENCE COHEN, SOLE GENERAL PARTNER</b>		Business telephone number (include area code) <b>(954) 943-4070</b>	
Signature ▶ 		Date ▶ <b>OCTOBER 15, 1996</b>	
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo.	Ind.	Class
			Size
Reason for applying			