

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 19 PM 3:45



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
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/14/1997	5b. Amount of Capital Contributions in FLORIDA to date \$20,020.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	6. FEI Number 65-0701465
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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
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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) COHEN, LAWRENCE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3311 N.E. 26TH AVENUE	11b. City, State & Zip Code LIGHTHOUSE POINT FL 3	11c. Registration/ Document Number
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)