
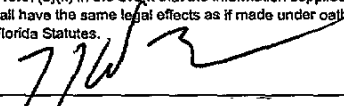


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -7 AM 11:38	
1. Name of Limited Partnership EAST OCEAN DEVELOPERS, LTD.		1a. DOCUMENT # A96000002278			
Mailing Address 3400 NE 34 ST., #101 FORT LAUDERDALE FL 33308		Principal Office Address 3400 NE 34 ST., #101 FORT LAUDERDALE FL 33308		3. Date Formed or Registered 12/09/1996	
				3a. Date of Last Report 12/29/1997	
				4. State or Country of Formation FL	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record. \$4,832,500.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date:	
City & State		City & State		6. FEI Number 65-0714977	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 VALDES-FAULI CORPORATE SERVICES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH FL 33401				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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	
BRWD, A FLORIDA GENERAL PART		300 NORTH OCEAN BLVD 3400 NE 34th Street #101		FORT LAUDERDALE FL 33 308	
				000002709220--4 -12/10/98-01084-024 ****535.00 ****535.00	
				11c. Registration/ Document Number GP9600000743	
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.					
BRWD SIGNATURE By:  DATE 12/1/98					
Typed or Printed Name of General Partner Signing Form Howard Wolofsky Daytime Telephone Number 954-568-4118					

CR2E003 (8/98)