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

DUE BY MAY 1, 2004  DOCUMENT # A96000002278  1. Entity Name EAST OCEAN DEVELOPERS, LTD.					FILED Apr 15, 2004 08:00 AM Secretary of State		
							Principal Place
3400 NE 34 ST., #101 . FORT LAUDERDALE FL 33308		3400 NE 34 ST., #	3400 NE 34 ST., #101 . FORT LAUDERDALE FL 33308				
2. Principal Pla	ace of Business	3. Maiking Address	3. Maiking Address		-		
Suite, Apt #, etc		Suite, Apt #, etc	Suite, Apt #, etc		MOORE CR2E003 (11/03)		
City & State		City & State	City & State		4. FEI Number 65-0714977	Applied For	
Ζιρ	Country	Zip	Count	iry	5. Certificate of Status Desired	Not Applica  \$8.75 Additional Fee Required	
	6. Name and Address of Curr	rent Registered Agent	ered Agent		7. Name and Address of New Register		
				Name			
WOLOFSKY, HOWARD 3400 NE 34TH STREET, #101 FT LAUDERDALE FL 33308				Street Address (P.O. Box Number is Not Acceptable)			
					<u> </u>		
				City FL Zip Code			
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   Qualitatic Contributions   \$4,832,500.00   10. Amount of Car in FLORIDA to			to date.		11. MAKE CHECK PAYA SEE REVERSE SIDE	TE BLE TO FL. DEPT. OF STA FOR FEE INFORMATION	
	A GENERAL PARTNE NOTE: General Partners	ER THAT IS A BUSINESS MAY NOT be changed (	S ENTITY MU	UST BE REGIST	TERED AND ACTIVE WITH THIS OF nt must be filed to change a general	FICE.	
12.		TNER INFORMATION	13.	,	ADDRESS CHANGES		
NAME E	GP9600000743 BRWD, A FLORIDA GENERAL	. PARTNERSHIP	STREE	ET ADDRESS			
CITY-ST-ZIP F	3400 NE 34 ST., #101 . FORT LAUDERDALE FL 33308	8	CITY-	CITY-ST-ZIP U00000120235 04/26/84-00003-883-53!		<del>1003-535-00</del>	
DOCUMENT # NAME			STREE	ET ADDRESS	Sair 1.1 Ban Sair Sair A — Sair s		
CITY-ST-ZIP			CETY-	-ST-ZIP	*	W	
NAME			STREE	ET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CHY-	- ST-ZIP			
NAME STREET ADDRESS			STREE	ET ADDRESS			
City-St-zip			CITY-	-ST-ZIP			
NAME STREET ADDRESS				ET ABORESS			
CITY-ST-ZIP				- ST-ZIP		<u> </u>	
NAME, STREET ADDRESS				ET ABORESS -ST-ZIP			
CITY-ST-ZIP	with the service and the	d tab. cb '- Citi - d				ar a sa s	
indicated of the receive	er by that the information supplied on this report is true and accurate at or trustee empowered to execu	and that my signature shall he this report as required by C	have the same Chapter 620, F	nption stated in Se legal effect as if n florida Statutes	ection 119.07(3)(i), Florida Statutes. I further nade under oath; that I am a General Partni	certify that the informati or of the limited partners!	