

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED

06 MAY -1 AM 8:51

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



1st MOORE CR2E003 (10/05)

DOCUMENT # A9600002278			
1. Entity Name EAST OCEAN DEVELOPERS, LTD.			
Principal Place of Business 3400 NE 34 ST., #101 FORT LAUDERDALE FL 33308		Mailing Address 3400 NE 34 ST., #101 FORT LAUDERDALE FL 33308	
2. Principal Place of Business 2700 NORTH 29TH AVE. #108 HOLLYWOOD, FL 33020 USA		3. Mailing Address 2700 NORTH 29TH AVE. #108 HOLLYWOOD, FL 33020 USA	
4. FEI Number 65-0714977		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOLOFSKY, HOWARD 3400 NE 34TH STREET, #101 FT LAUDERDALE FL 33308		Name Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH 29TH AVE. #108 HOLLYWOOD FL 33020	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GP9600000743	STREET ADDRESS	2700 NORTH 29TH AVE #108
NAME	BRWD, A FLORIDA GENERAL PARTNERSHIP	CITY-ST-ZIP	HOLLYWOOD, FL 33020
STREET ADDRESS	3400 NE 34 ST., #101		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE: BY: **BRWD**
HOWARD WOLOFSKY AUTHORIZED SIGNATORY
 Date: **4/11/06** (954) 929-1122
 Daytime Phone #

STAPLE CHECK HERE