## 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

	CAT THE		30 SEF	15 PM 12: 26
1. Name of Limited Partnership	1a. DOCU <b>A970000</b> 0	MENT # 0368		. 1112. 26
SASSON OF THE OCEAN, LTD.				
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
10501 N.W. 7TH AVENUE	10501 N.W. 7TH AVENUE	10501 N.W. 7TH AVENUE		\$25,000.00
MIAMI FL 33150	MIAMI FL 33150		38. Date of Last Report	<b>\$</b> 20,000,00
		11/10/1997 •	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 2a. Principal Office Address		4. State or Country of Formation	to date:	
_	Cuite and if oto	Duke Ant H ote		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apr. #, etc.		Applied For Not Applicable
City & State	City & State	City & State		\$8.75 Additional
Zip Country	Zip	Zip Country		Fee Required State (See reverse side for fee Information)
				,
9. Name and Address of Current Registered Agent			10. If changed, new Registere	d Agent/Office
FELDMAN, BENNETT G ESQ.		Name		
2655 LEJEUNE ROAD, SUITE 508	Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33134		Sulte, Apt. #, etc. 60002641476-7 -09/16/9801079016		
		оку *****263. <b>СС</b> *****263. 75		
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of	named limited partner Florida. Such change	ship organized or registered under the laws of the was authorized by its general partner(s). I hereb	s State of Fiorida, submits this statement y accept the appointment of registered
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 Go (Do NOT Use Post Offi	eneral Partner ce Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SASSON DEVELOPMENT CORP.	10501 N.W. 7TH AVE		MIAMI FL 33150	P97000008794
				09-16

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 cent 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 affects as if made under cath. 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 629

SIGNATURE

Englave Feter