

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  
SanCra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

NOV 26 PM 5:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS



1. Name of Limited Partnership  200 OCEAN DRIVE, LTD.		1a. DOCUMENT # A97000001033	
Mailing Address 1320 SOUTH DIXIE HWY., SUITE 781 CORAL GABLES FL 33146		Principal Office Address 1320 SOUTH DIXIE HWY., SUITE 781 CORAL GABLES FL 33146	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 05/08/1997		3a. Date of Last Report 01/15/1998	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on records 1,500,000 5b. Amount of Capital Contributions in FLORIDA to date: 1,800,000	
6. FEI Number 65-0768500		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input 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  BROWN, GARY L ESO. 20803 BISCAYNE BLVD., SUITE 200 AVENTURA FL 33180		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)  200 OCEAN DRIVE G.P., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  1320 SOUTH DIXIE HWY.	11b. City, State & Zip Code  CORAL GABLES FL 33146	11c. Registration/ Document Number  P97000003215 P97-38143 
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CR2E003 (8/98)

**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

Scott Greenfield, President

12-29-98

(305) 667-2225