


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A97000001033		
1. Entity Name 200 OCEAN DRIVE, LTD.		

FILED
2005 MAY -3 PM 4: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1320 SOUTH DIXIE HWY., SUITE 781 CORAL GABLES FL 33146	Mailing Address 1320 SOUTH DIXIE HWY., SUITE 781 CORAL GABLES FL 33146
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1ST MOORE CR2E003 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0768500	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD., #265-S HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

11. FILE NOW!!!-Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$1,800,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000038743 200 OCEAN DRIVE G.P., INC. 1320 SOUTH DIXIE HWY., SUITE 781 CORAL GABLES FL 33146	STREET ADDRESS CITY-ST-ZIP	7301 SW 57 Ct. #565 South miami, FL 33143
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	410055375644 05/26/05--01048--012 **526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **SCOTT GREENWALD** **4/28/05** **305-667-2225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #