


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

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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2. Principal Place of Business 7301 SW 57th Court Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip 33143 Country Miami Dade	3. Mailing Address 7301 SW 57th Court Suite, Apt. #, etc. Suite 565 City & State South Miami, FL Zip 33143 Country Miami Dade
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05 MAY -1 AM 9:52

STATE  
TALLAHASSEE FLORIDA



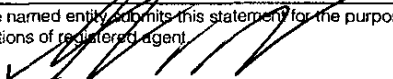
04252006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent BROWN, GARY L ESQ. 4000 HOLLYWOOD BLVD., #265-S HOLLYWOOD, FL 33021	
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4. FEI Number 65-0768500	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7301 SW 57th Court Suite 565 City South Miami FL Zip Code 33143	
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8. The above named entity admits 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 4/21/06

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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. 7301 SW 57 CT., #565 SOUTH MIAMI, FL 33143	STREET ADDRESS CITY-ST-ZIP	
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05/15/06--01048--020 \*\*\$00.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4.26.2006 305.667.2205

STAPLE CHECK HERE