

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 APR 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202004 Chg-LP CR2E003 (10/03)

DOCUMENT # A97000091839					
1. Entity Name 400 SOUTH OCEAN BLVD., LTD.					
Principal Place of Business 980 N. FEDERAL HWY., #200 BOCA RATON, FL 33432			Mailing Address 980 N. FEDERAL HWY., #200 BOCA RATON, FL 33432		
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 65-0779339	
				Applied For 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		
KAMRADD, RUSSELL T AKERMAN, SENTERFITT & EIDSON, P.A. 777 SOUTH FLAGLER DRIVE, SUITE 900 E. TOW. WEST PALM BEACH, FL 33411			Name <u>Jeffrey Skatoff</u> Street Address (P.O. Box Number is Not Acceptable) <u>980 N. Federal Hwy</u> <u>Suite 200</u> City <u>Boca Raton</u> FL <u>33432</u>		
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 <u>[Signature]</u> DATE <u>4/24/04</u>					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date. \$141.25		
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 #	P97000074851		STREET ADDRESS		
NAME	400 SOUTH OCEAN BLVD., INC.		CITY-ST-ZIP	700036273497	
STREET ADDRESS	980 N. FEDERAL HWY., #200			05/13/04 01060 003 **141.25	
CITY-ST-ZIP	BOCA RATON, FL 33432				
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STREET ADDRESS					
CITY-ST-ZIP					
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: <u>[Signature]</u>			DATE <u>4/24/04</u> DAYTIME PHONE # <u>561-391-6570</u>		