

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

87P

FILED

2007 APR 30 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0779339 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # A97000001869
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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

6. Name and Address of Current Registered Agent
SKATOFF, JEFFREY
980 N. FEDERAL HWY., #200
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name CAILL KLEPPER
Street Address (P.O. Box Number is Not Acceptable)
980 N. FEDERAL HWY SUITE 200
City BOCA RATON FL Zip Code 33432

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 *[Signature]* DATE 4-17-07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	P97000074851	STREET ADDRESS	
NAME	400 SOUTH OCEAN BLVD., INC.	CITY-ST-ZIP	500101856555
STREET ADDRESS	980 N. FEDERAL HWY., #200		05/08/07--01044--019 **500.00
CITY-ST-ZIP	BOCA RATON, FL 33432	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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]* Date 4/18/07 Daytime Phone #

STAPLE CHECK HERE

*400 South Ocean Blvd Inc.
general partner
101 4000 / 6030*