


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

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
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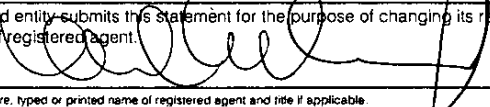
2. Principal Place of Business - No P.O. Box # <b>1500 Gateway Blvd</b>	3. Mailing Address <b>1500 Gateway Blvd</b>
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>
City & State <b>Boynton Bch. FL</b>	City & State <b>Boynton Bch. FL</b>
Zip <b>33426</b>	Country



04242008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0779339		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KLEPPER, CARL 980 N FEDERAL HWY SUITE 200 BOCA RATON, FL 33432		
7. Name and Address of New Registered Agent Name <b>Carl Klepper</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 Gateway Blvd</b> <b>Suite 200</b> City <b>Boynton Beach FL</b> Zip Code <b>33426</b>		

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	<b>1500 Gateway Blvd. #200</b>
NAME	400 SOUTH OCEAN BLVD., INC.	CITY-ST-ZIP	<b>Boynton Beach, Florida 33426</b>
STREET ADDRESS	980 N. FEDERAL HWY., #200		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

**700130088947**  
 05/22/08--01024--023 \*\*500.00

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 #

STAPLE CHECK HERE