2000 UNIFORM BUSINESS REPORT (UBR)													
DOCUMENT # A9700002477 1. Entity Name							3- 17	FD.					
OCEAN I			D	FIL "SECRETARN VISION OF C	TOF STATE DEPORATION	I S							
Principal Place of Business Mailing Address 2499 GLADES ROAD, SUITE 114 2499 GLADES ROAD, SUITE							00 FEB 28	AM 10: 15					
BOCA RATON			BOCA RATON FL 33431-7201				(88)(9 ()	010 (01)) (00)(00)(i a ce su ns au ch au s	A (HEA) BIEL	ı 2000) 1001 1001		
2 Principal P	3 Mailing Address	Mailing Address											
551 N.W. 71th Street 551 N.W. 1/					Stree	+		DO NOT WR	ITE IN THIS SPA	4CE			
Ste Sity & State	. 108	Ste. 108	Ste. 108			4. FEI Number	CE_070E94	4	A	pplied For			
Zip Zip	KATON, FC	dry o	BOCA RATION, FL Country A				5 Cortificate o	65-079584		3.75 Ac	lot Applicable Iditional	₹	
3348	6. Name and Add	dress of Current R	33487	<u>U</u>	SH		7. Name and A		— _{Ге}	e Require	ed		
DODVIN I		Name											
POPKIN, EDWARD D 2499 GLADES ROAD, SUITE 114 BOCA RATON FL 33431					Street Ad	dress (F	P.O. Box Number			_			
					City	FL Zip Code						$\frac{1}{2}$	
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.													
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE													
as Shown on record. 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#	P97000065317 OCEAN HARBOUR ESTATES AT OCEAN RIDGE, INC.				ET ADDRESS	56	51 N.W. 77th Street, Svite 108					7	
NAME Street address City-S7-ZIP	2499 GLADES RO BOCA RATON FL	OAD, SUITE 114			- ST - ZIP		Boca Ration, FL 33487					-	
DOCUMENT#				STRE	ET ADDRESS							,	
STREET ADDRESS (,	СПУ	-ST-ZIP	00/10/00 01/								
DOCUMENT# NAME				STRE	ET ADDRESS	<u></u>		*******		***********	26.25 		
STREET ADDRESS CITY - ST - ZIP	; 			СПҮ	-ST-ZIP								
DOCUMENT# NAME				STRE	ÆT ADORÆSS								
STREET ADDRESS CITY-ST-ZIP				CITY	- ST-ZIP								
DOCUMENT# NAME				STR	ET ADDRESS								
STREET ADDRESS CITY+ST-ZIP				CITY	- ST - ZIP								
DOCUMENT # NAME	,			STRI	ET ADDRESS								
STREET ADDRESS CITY - ST - ZIP	. 4 3 . 4 3 7 4 7 3				- ST - ZIP			· · · · · · · · · · · · · · · · · · ·					
14. I hereby of indicated the receiv	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: DYSSIFE ENDINED HAME OF SIGNING GENERAL PARTNER Date Date Description of Printed Name of Signing GENERAL PARTNER Date Description of Printed Name of Signing GENERAL PARTNER Date Description of Printed Name of Signing GENERAL PARTNER De													