

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002477

1. Entity Name
OCEAN HARBOUR ESTATES AT OCEAN RIDGE, LTD.



Principal Place of Business
1200 S. ROGERS CIRCLE, SUITE 11
BOCA RATON, FL 33487

Mailing Address
1200 S. ROGERS CIRCLE, SUITE 11
BOCA RATON, FL 33487



01052007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0795841

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POPKIN, EDWARD D
~~2499 GLADES ROAD, SUITE 114~~ *5355 Town Center Road*
BOCA RATON, FL 33431 *Sr. 801*
Boca Raton, FL 33486

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

DATE _____

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

DOCUMENT # P97000065317
NAME OCEAN HARBOUR ESTATES AT OCEAN RIDGE, INC.
STREET ADDRESS 1200 S. ROGERS CIRCLE, SUITE 11
CITY-ST-ZIP BOCA RATON, FL 33487

DOCUMENT #
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200103639092
06/01/07--01007--018 **500.00

**DO NOT WRITE
IN THIS SPACE**

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 #

General Partner

1/15/07 561-994-1375

STAPLE CHECK HERE