


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:30

DOCUMENT #A97000002477 1. Entity Name OCEAN HARBOUR ESTATES AT OCEAN RIDGE, LTD.	
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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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-0795841	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POPKIN, EDWARD D 6355 TOWN CENTER ROAD 301 Yamato Rd, #1450 BOCA RATON, FL 33486 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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I, 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: Edward D Popkin DATE: 4-25-08
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

000130451170
 05/30/08--01007--004 **500.00

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

BLT

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: LEONARD ALBANESE C/P DATE: 4/8/08 DAYTIME PHONE: 561-994-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE