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

SIGNATURE:

## TILE () SECRETARY UF STATE DOCUMENT # A98000001135 TALLAHASSEE, FLORIDA OCEÁN PARTNER'S ASSOCIATES, LLLP 08 APR 11 AM 10: 01 Mailing Address Principal Place of Business 3425 N'ATLANTIC AVE 3425 N ATLANTIC AVE COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312008 Chg-LP CR2E003 (12/06) Applied For 4. FEI Number City & State City & State 59-3511805 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BJERNING, EUGENE K Street Address (P.O. Box Number is Not Acceptable) 3425 N ATLANTIC AVE COCOA BEACH, FL 32931 Zip Code City FL 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 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P98000033217 DOCUMENT # STREET ADDRESS 3425 N. ATLANTIC AVE. OCEAN PARTNER CORP. NAME 215 BAYTREE DRIVE, SUITE 1 STREET ADDRESS CITY-ST-ZIP COLOA BEACH FL 20012255 CITY-ST-ZIP MELBOURNE, FL 32940 DOCUMENT # STREET ADDRESS 04/08/08--01023--024 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STHEET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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