FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



INTERVEST-ONE OCEAN PLAZA LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # B96000000234 FILED

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TALL ATTACK OF STATE



| | 99-APCM | | | |
|--|--|--|---|--|
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 15 EAST 5TH STREET. SUITE 2700 TULSA OK 74103 | 15 EAST 5TH STREET. SUITE 2700 TULSA OK 74103 | | 06/19/1996 3a. Date of Last Report 04/22/1998 | \$990.00 5b. Amount of Capital Cantributions in FLORIDA |
| 2. Mailing Address | 2a. Principal Office Address | | 4. State or Country of Formation | to date: |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number | Applied For |
| City & State | City & State | | 73-1496531 7. Certificate of Status Desired | Not Applicable |
| Zip Country | Zip Country | | | \$8.75 Additional Fee Required tate (See reverse side for fee information) |
| O Name and Address of Comments | | | 10 15 | |
| 9. Name and Address of Current Re- | Name | | 10. If changed, new Registered Agent/Office | |
| MURDOCH, ROBERT 790 EAST BROWARD BLVD., SUITE 400 | | Street Address (P.O. Box Number Is Not Acceptable) | | |
| FT. LAUDERDALE FL 33301-2607 | Suite, Apt. #, etc. | | | |
| | City | | FL Zip Code | |
| 10a. Pursuant to the provisions of sections 620.1951 and 620.1952, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. | | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY | | | | |
| MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. | | | | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General (Do NOT Use Post Office Box | Partner Numbers) 11b. | City, State & Zip Code | 11c. Registration/ Document Number |
| I.P., LTD. | 15 EAST 5TH STREET, S | TUL | SA OK 74103 | F96000003200 |
| | | | 8000026 -10/20/9 ****14 | 67578ァ 8 801009002 1 25 ****141.25 |
| А | | | | |
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| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. | | | | |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. | | | | |
| SIGNATURE | | | | |
| Typed or Printed Name of General Partner Signing Form | | | | |