


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90202 046 \*\*\*150.00

**DOCUMENT # P97000038743**

1. Entity Name  
 200 OCEAN DRIVE G.P., INC.



Principal Place of Business  
 1320 S. DIXIE HWY., STE. 781  
 CORAL GABLES, FL 33146 US

Mailing Address  
 1320 S. DIXIE HWY., STE. 781  
 CORAL GABLES, FL 33146 US

00002004



2. Principal Place of Business  
 7301 SW 57th Court  
 Suite, Apt. #, etc.  
 Suite 565  
 City & State  
 South Miami, FL

3. Mailing Address  
 7301 SW 57th Court  
 Suite, Apt. #, etc.  
 Suite 565  
 City & State  
 South Miami, FL

04252006 Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0768112

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BROWN, GARY L  
 4000 HOLLYWOOD BLVD., #265-S  
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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]* DATE: 4/26/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOR GREENWALD, SCOTT A 7301 SW 57 CT, # 565 SOUTH MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 4-26-06 DAYTIME PHONE #: 305-607-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR