


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

<b>DOCUMENT # A04000000403</b>		
1. Entity Name OCOEE PARTNERS, LTD.		
Principal Place of Business 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458		Mailing Address 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458
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

**FILED**

2007 APR 30 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01232007 Chg-LP CR2E003 (12/06)

4. FEI Number **20-4662670** Applied For  
APPLIED FOR Not Applicable

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

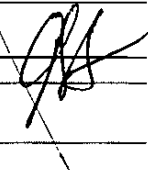
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P04000045097	STREET ADDRESS	
NAME	I.A.P., INC	CITY-ST-ZIP	
STREET ADDRESS	630 MAPLEWOOD DRIVE, #100		
CITY-ST-ZIP	JUPITER, FL 33458		
DOCUMENT #		STREET ADDRESS	100101955351
NAME		CITY-ST-ZIP	05/09/07--01042--022 **500.00
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 William E. Taylor William E. Taylor CFO 4/16/07 561-625-9443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #