2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 APR 30 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000001286

1. Entity Name
OCA INVESTMENTS, LTD.

Principal Place of Business	Mailing Address
535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118	535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118

01092004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
42 S Peninsula Dr	42 S Peninsula Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach FL	City & State: Daytona Beach FL
Zip: 32118 Country: Volusia	Zip: 32118 Country: Volusia

4. FEI Number: 59-3331329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORNTO, L. A. JR. 149-F S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$1,000,000.00	1,000,000.00

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 #	P95000061240	STREET ADDRESS	42 S Peninsula Dr
NAME	OCA MANAGEMENT, INC.	CITY-ST-ZIP	Daytona Beach FL 32118
STREET ADDRESS	535 SILVER BEACH AVE.		
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4-28-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #