

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 535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118	Mailing Address 535 SILVER BEACH AVE. DAYTONA BEACH, FL 32118
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2. Principal Place of Business 42 S Peninsula Dr	3. Mailing Address 42 S Peninsula Dr
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Daytona Beach FL 32118	City & State Daytona Beach FL 32118
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01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3331329	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GORTO, L. A. JR. 149-F S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	

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	DATE
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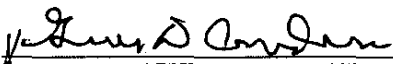
9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000,000.00
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY 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.	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	000036487550
CITY-ST-ZIP		CITY-ST-ZIP	05/17/04--01015--008 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 	Date: 4-28-2004
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