


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000001240 1. Entity Name OFCO, LLLP	
---	---

Principal Place of Business 303 SOUTH PINEAPPLE AVE., STE. 102 SARASOTA, FL 34236	Mailing Address 303 SOUTH PINEAPPLE AVE., STE. 102 SARASOTA, FL 34236
---	---

2. Principal Place of Business 330 S. Pineapple Ave. Suite, Apt. #, etc. STE. 201 City & State Sarasota, FL Zip 34236 Country USA	3. Mailing Address 330 S. Pineapple Ave. Suite, Apt. #, etc. STE. 201 City & State Sarasota, FL Zip 34236 Country USA
--	--

04282004 Chg-LP CR2E003 (10/03)

4. FEI Number 55-0796679	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
---	--

6. Name and Address of Current Registered Agent SEERY, MICHAEL W 330 SOUTH PINEAPPLE AVE., STE. 201 SARASOTA, FL 34236
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>

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, typed or printed name of registered agent and title if applicable. DATE _____

9. Capital Contributions as Shown on record. \$7,500.00	10. Amount of Capital Contributions in FLORIDA to date.	
--	---	--

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 #	P00000065029	STREET ADDRESS	
NAME	SEERY REALTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	11701 CREEK SHED PLACE		
CITY-ST-ZIP	SARASOTA, FL 34240		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 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:  Michael Seery <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	4-29-04 <small>Date</small>	941-955-8277 <small>Daytime Phone #</small>
---	---------------------------------------	---

FILED

04 APR 30 PM 12:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE