
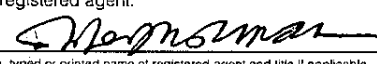
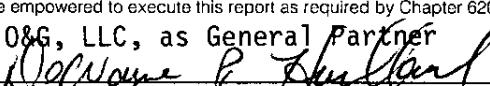


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

FILED

04 AUG 12 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000000019</b>					
1. Entity Name O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 13174 HIGHWAY 92 EAST DOVER, FL 33527			Mailing Address 13174 HIGHWAY 92 EAST DOVER, FL 33527		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3663442	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, OSBURN M 13174 HIGHWAY 92 EAST DOVER, FL 33527			7. Name and Address of New Registered Agent Name Christopher H. Norman, Esq. Street Address (P.O. Box Number is Not Acceptable) 315 South Hyde Park Avenue City Tampa, FL Zip Code 33606		
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 8/2/04					
9. Capital Contributions as Shown on record. \$3,140,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	NAME		STREET ADDRESS		
NAME	13174 East Highway 92		CITY-ST-ZIP		
STREET ADDRESS	Dover, FL 33527				
CITY-ST-ZIP	amendment filed 8-12-04				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP	200040226852	
STREET ADDRESS				08/17/04 01009 002 **526.25	
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #	NAME		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: O&G, LLC, as General Partner  Dwayne P. Hurlburt, as TCS Manager					



07012004 Chg-LP CR2E003 (10/03)

STAPLE CHECK HERE

8/3/2004 (813) 754-4217  
Date Daytime Phone #