


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000019 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3663442	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			9. Capital Contributions as Shown on record. \$3,140,000.00		
10. Amount of Capital Contributions in FLORIDA to date.			11. 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 # NAME STREET ADDRESS CITY-ST-ZIP	L04000016077 O & G, LLC 13174 EAST HIGHWAY 92 DOVER, FL 33527		STREET ADDRESS CITY-ST-ZIP	U000000331109 04/26/05 00003 007 526.25	
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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: <i>Grace D. Griffin</i>			Date: 4-11-05		
SIGNATURE AND TYPED OR PRINTED NAME OF FILING GENERAL PARTNER			Daytime Phone #		

STAPLE CHECK HERE