2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 **DOCUMENT # A00000000019** O.M. GRIFFIN FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 13174 HIGHWAY 92 EAST 13174 HIGHWAY 92 EAST DOVER, FL 33527 DOVER, FL 33527

FILED Mar 05, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02272007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3663442

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

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
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		U00000657993 03/15/07-80020 - 011,500,00
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	
DOCUMENT #	L04000016077	
NAME	O & G, LLC	
STREET ADDRESS	13174 EAST HIGHWAY 92	
CITY-ST-ZIP	DOVER, FL 33527	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		DO NOT WRITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		
NAME TERET APPRECA		•
STREET ADDRESS		
DOCUMENT #		
NAME (
STREET ADDRESS CITY-ST-ZIP		
		Chart 440 Flaide Ctabutes I further partite that the information
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ampowered to execute this report as required by Chapter 620, Florida Statutes		