

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

DOCUMENT # A00000000661

1. Entity Name  
OATES FAMILY LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 19 PM 2:14

Principal Place of Business  
520 JAMES RIVER ROAD  
GULF BREEZE, FL 32561

Mailing Address  
520 JAMES RIVER ROAD  
GULF BREEZE, FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112004

Chg-LP

CR2E003 (10/03)

4. FEI Number  
59-3644325

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OATES, ARTHUR R  
1766 ENSENADA SIETE  
PENSACOLA BEACH, FL 32561

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

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

DATE

9. Capital Contributions  
as Shown on record.

1,535,000

10. Amount of Capital Contributions  
in FLORIDA to date.

1,135,823

12-31-03

**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 # L00000002530  
NAME OATES MANAGEMENT, L.L.C.  
STREET ADDRESS 520 JAMES RIVER ROAD  
CITY-ST-ZIP GULF BREEZE, FL 32561

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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: *Arthur R Oates*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Arthur R Oates

Date

3/11/04 850.932.1146

Daytime Phone #

STAPLE CHECK HERE