

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000751**

1. Entity Name  
**O.J. PARTNERSHIP, LTD.**



Principal Place of Business  
**P.O. BOX 2267**  
**UMATILLA, FL 32784**

Mailing Address  
**P.O. BOX 2267**  
**UMATILLA, FL 32784**



01152007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1316528**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WHITAKER, JOHN CLIFTON**  
**37315 STATE ROAD 19**  
**UMATILLA, FL 32784**

**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**

**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
	JOHN CLIFTON WHITAKER	P.O. BOX 2267	UMATILLA, FL 32784
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WHITAKER, JOHN B TRUSTEE	P.O. BOX 2267	UMATILLA, FL 32784
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WHITAKER, BETTE M TRUSTEE	P.O. BOX 2267	UMATILLA, FL 32784
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	WHITAKER, JOHN CLIFTON	P.O. BOX 2267	UMATILLA, FL 32784
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

U00000597992  
01/24/07-80059-006 500.00

**DO NOT WRITE**  
**IN THIS SPACE**

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 empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE