

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb-25, 2008 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**



02122008 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]*  
Signature, typed or printed name of registered agent and title if applicable

DATE

**2-19-08**

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**U00000840618  
03/06/08-80052-025 500.00**

**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 #

NAME **JOHN CLIFTON WHITAKER**  
STREET ADDRESS **P.O. BOX 2267**  
CITY-ST-ZIP **UMATILLA, FL 32784**

DOCUMENT #

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

DOCUMENT #

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

DOCUMENT #

NAME **WHITAKER, JOHN CLIFTON**  
STREET ADDRESS **P.O. BOX 2267**  
CITY-ST-ZIP **UMATILLA, FL 32784**

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2-19-08**

Date

Daytime Phone #

STAPLE CHECK HERE