

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000751

Entity Name: O.J. PARTNERSHIP, LTD.

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

37315 S. R. 19  
UMATILLA, FL 32784

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2267  
UMATILLA, FL 32784

**New Mailing Address:**

FEI Number: 59-1316528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: JOHN CLIFTON WHITAKER  
Address: P.O. BOX 350417  
City-St-Zip: GRAND ISLAND, FL 32735

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: JOHN B. WHITAKER TRUSTEE OF THE JOHN B. WH  
Address: P.O. BOX 350355  
City-St-Zip: GRAND ISLAND, FL 32735

Address:  
City-St-Zip:

Document #:

Name: JOHN B. WHITAKER AND THOMAS B. WHITAKER, C  
Address: P.O. BOX 350355  
City-St-Zip: GRAND ISLAND, FL 32735

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN CLIFTON WHITAKER

GP

04/05/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date