## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## Due By May 1, 2007

DOCUMENT # A0000001025

1. Entity Name THE OGLETHORPE INVESTMENTS LIMITED **PARTNERSHIP** 

Principal Place of Business

Mailing Address

979 BEACHLAND BOULEVARD VERO BEACH, FL 32963

979 BEACHLAND BOULEVARD VERO BEACH, FL 32963

## **FILED** Feb 08, 2007 08:00 AM Secretary of State



01222007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1022962

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENNELL, TODD W 979 BEACHLAND BOULEVARD

## DO NOT WRITE

VERO BEA	ACH, FL 32963	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 private name of registered agent and title if applicable.		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	02/16/07-80013-005 500.00
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 STREET ADDRESS GIFY-SI-ZIP	P0000013116 OGLETHORPE HOLDINGS, INC. 979 BEACHLAND BOULEVARD VERO BEACH, FL 32963	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS GITY-SI-ZIP		DO NOT WRITE
DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS		

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:

STAPLE CHECK HERE

Dodaw Jenes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dayrime Phone #