

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001148					
1. Entity Name THOMAS E. OAKLEY FAMILY LIMITED PARTNERSHIP, LLLP					
Principal Place of Business 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES, FL 33853			Mailing Address P.O. BOX 4170 LAKES WALES, FL 33853		
2. Principal Place of Business		3. Mailing Address		 04212005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 14-1859915				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OAKLEY, THOMAS E 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES, FL 33853			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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.					
9. Capital Contributions as Shown on record. \$13,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$6,245,576			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000079439 THOMAS E. OAKLEY, INC. 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES, FL 33853		STREET ADDRESS CITY-ST-ZIP	11000000367383 05/16/05-80032-020 526.25	
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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: <i>Th E. Oakley</i>			4/29/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE