

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

**FILED**  
**Apr 25, 2007 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**



04232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

**OAKLEY, THOMAS E  
101 ALTURAS BABSON PARK CUTOFF ROAD  
LAKE WALES, FL 33853**

**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 # **P02000079439**  
NAME **THOMAS E. OAKLEY, INC.**  
STREET ADDRESS **101 ALTURAS BABSON PARK CUTOFF ROAD**  
CITY-ST-ZIP **LAKE WALES, FL 33853**

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05/08/07-80096-016 500.00

**DO NOT WRITE  
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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: *Th E. Oakley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/23/07*  
Date

*863/638-1435*  
Daytime Phone #

STAPLE CHECK HERE