

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000001240 1. Entity Name OFCO, LLLP	
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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 303 SOUTH PINEAPPLE AVE., STE. 102 SARASOTA, FL 34236	Mailing Address 303 SOUTH PINEAPPLE AVE., STE. 102 SARASOTA, FL 34236
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2. Principal Place of Business 330 S. Pineapple Ave. Suite, Apt. #, etc. STE. 201 City & State Sarasota, FL Zip 34236 Country USA	3. Mailing Address 330 S. Pineapple Ave. Suite, Apt. #, etc. STE. 201 City & State Sarasota, FL Zip 34236 Country USA
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04282004 Chg-LP CR2E003 (10/03)

4. FEI Number 55-0796679	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEERY, MICHAEL W
330 SOUTH PINEAPPLE AVE., STE. 201
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$7,500.00**

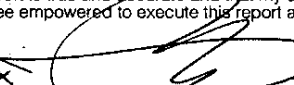
10. Amount of Capital Contributions in FLORIDA to date.

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 #	P00000065029	STREET ADDRESS	
NAME	SEERY REALTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	11701 CREEK SHED PLACE		
CITY-ST-ZIP	SARASOTA, FL 34240		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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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: 

Michael Seery

4-29-04

941-955-8277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE