2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2007**

FILED: ... Mar 15, 2007 08:00 AM DOCUMENT # A02000001396 **Secretary of State** 1. Entity Name OAKEY STREAK CONSERVATION CLUB, LIMITED **PARTNERSHIP** Principal Place of Business Mailing Address 121 TRIPLE DIAMOND #14 N. VENICE FL 34275 121 TRIPLE DIAMOND #14 N. VENICE FL 34275 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 27-0048635 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARRISH, WILLIAM 121 TRIPLE DIAMOND #14 Street Address (P.O. Box Number is Not Acceptable) N. VENICE FL 34275 City 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. FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME MASHIA, DAVE STREET ADDRESS 170 LAUREL OAKS ROAD CITY ST ZIP 03/27/07-80021-019 500.00 CITY ST 789 VENICE FL 34275 DOCUMENT # STREET ADDRESS MAME PARRISH, BILL STREET ADDRESS 1155 OLYMPIA ROAD CITY-ST JIP CITY - ST - ZIP VENICE FL 34293 DOCUMENT # SIRLET ADDRESS NAME PARKER, LARRY STRLLT ADDRESS 1951 MISSION VALLEY BLVD. CITY -ST-ZIP CITY ST ZIP NOKOMIS FL 34275 DOCUMENT# STREET ADDRESS NAME LEONARD, REGAN STREET ADDRESS 1701 MISSION VALLEY BLVD. CITY-SI-782 CITY-ST-ZIP NOKOMIS FL 34275 DOCUMENT # STREET MODRESS MILLER, DAN STREET ADDRESS 3093 NOVIS CT. CRY-ST-709 City - \$1 - 78P SARASOTA FL 34237 DOCUMENT # STREET ADDRESS MAM FUSSELL, VAN STREET ADDRESS 3582 LAVILLA AVE. City-St-7tP CITY S1-ZIP

14. I hereby certify that the information supplied with this filling 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 it made under eath; that I am a General Partner of the limited partnership or the receiver or trusted empowered to execute this report as required by enabler 620, Florida Statutes

SIGNATURE:

NORTHPORT FL 34286

CHICK