

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 31, 2008 08:00 A
Secretary of State

DOCUMENT # A02000001396

1. Entity Name

OAKEY STREAK CONSERVATION CLUB, LIMITED PARTNERSHIP



Principal Place of Business

**121 TRIPLE DIAMOND #14
N. VENICE, FL 34275**

Mailing Address

**121 TRIPLE DIAMOND #14
N. VENICE, FL 34275**



01282008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

27-0048635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARRISH, WILLIAM
121 TRIPLE DIAMOND #14
N. VENICE, FL 34275**

**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, 2008, 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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

**MASHIA, DAVE
170 LAUREL OAKS ROAD
VENICE, FL 34275**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**PARRISH, BILL
1155 OLYMPIA ROAD
VENICE, FL 34293**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**PARKER, LARRY
1951 MISSION VALLEY BLVD.
NOKOMIS, FL 34275**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**LEONARD, REAGAN
1701 MISSION VALLEY BLVD.
NOKOMIS, FL 34275**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**GAITENS, BOB
815 FLAMINGO RD
VENICE, FL 34293**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1100000807790
02/07/08-80023-003 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE