2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A02000001396

FILED Feb 12, 2009 Secretary of State

Entity Name: OAKEY STREAK CONSERVATION CLUB, LIMITED PARTNERSHIP

Current Principal Place of Business: New Principal Place of Business:

121 TRIPLE DIAMOND #14 N. VENICE, FL 34275

Current Mailing Address: New Mailing Address:

121 TRIPLE DIAMOND #14 N. VENICE, FL 34275

FEI Number: 27-0048635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE: BILL PARRISH 02/12/2009

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: MASHIA, DAVE

 Address:
 170 LAUREL OAKS ROAD
 Address:

 City-St-Zip:
 VENICE, FL 34275
 City-St-Zip:

Document #:

Name: PARRISH, BILL

 Address:
 1155 OLYMPIA ROAD
 Address:

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:

Document #:

Name: PARKER, LARRY

 Address:
 1951 MISSION VALLEY BLVD.
 Address:

 City-St-Zip:
 NOKOMIS, FL 34275
 City-St-Zip:

Document #:

Name: LEONARD, REAGAN

 Address:
 1701 MISSION VALLEY BLVD.
 Address:

 City-St-Zip:
 NOKOMIS, FL 34275
 City-St-Zip:

Document #:

 Name:
 GAITENS, BOB

 Address:
 815 FLAMINGO RD
 Address:

 City-St-Zip:
 VENICE, FL 34293
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BILL PARRISH GP 02/12/2009