

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

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000558**

**1. Entity Name**  
**STATESBORO BBQ, LTD.**



**Principal Place of Business**  
**2700-A NW 43 ST**  
**GAINESVILLE, FL 32606**

**Mailing Address**  
**2700-A NW 43 ST**  
**GAINESVILLE, FL 32606**



03092007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**74-3086352**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**OLINGER, CHARLES T**  
**2700-A NW 43 ST**  
**GAINESVILLE, FL 32606**

**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 #** L03000011032  
**NAME** STATESBORO BBQ, LLC  
**STREET ADDRESS** 2700-A NW 43 ST  
**CITY- ST- ZIP** GAINESVILLE, FL 32606

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000000706046  
04/24/07-80020-004 500.00

**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:**

*Wm D Oger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/07  
Date

352-373-3337  
Daytime Phone #

STAPLE CHECK HERE