

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 8:13

DOCUMENT # A03000000764

1. Entity Name
OXFORD STREET PARTNERS, LTD.



Principal Place of Business
222 SOUTH PENNSYLVANIA AVE., STE. 200
WINTER PARK, FL 32789

Mailing Address
222 SOUTH PENNSYLVANIA AVE., STE. 200
WINTER PARK, FL 32789

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

02172005 Chg-LP CR2E003 (10/03)

4. FEI Number
51-0468023

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT P
222 SOUTH PENNSYLVANIA AVE., STE. 200
WINTER PARK, FL 32789

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

9. Capital Contributions as Shown on record. \$990.00

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

DOCUMENT # P03000054867
NAME OLIVER CHASE COMPANY
STREET ADDRESS 222 SOUTH PENNSYLVANIA AVE., STE. 200
CITY-ST-ZIP WINTER PARK, FL 32789

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
200048339552
03/15/05--01010--024 **141.25

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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: *Carla Pedern*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 3/11/05 Daytime Phone #

STAPLE CHECK HERE