


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A03000001708 1. Entity Name: OVERSIGHT CAPITAL PARTNERS, LTD.	
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#FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 30 AM 9:55

Principal Place of Business 3910 HORATIO STREET TAMPA, FL 33609	Mailing Address P.O. BOX 10517 TAMPA, FL 33679
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01272005 Chg-LP CR2E003 (10/03)

4. FEI Number
14-1899938

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent JOHNSON, LEONARD H 37837 MERIDIAN AVE., SUITE 314 DADE CITY, FL 33525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000039980	STREET ADDRESS	
NAME	OVERSIGHT CAPITAL, LLC	CITY-ST-ZIP	
STREET ADDRESS	3910 HORATIO STREET		
CITY-ST-ZIP	TAMPA, FL 33609		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

600050092086
 04/07/05--01005--007 **\$35.00

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: *William B. Blackburn* Managing Director GP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 William B. BLACKBURN, Managing Director GP
 2/25/05 3137957-0620

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