

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # A04000000530

1. Entity Name
OCANA LIMITED PARTNERSHIP, S.E.



Principal Place of Business
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

Mailing Address
247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714



03302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
20-1044686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ.
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

**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

000000752917
05/21/07-80036-007 500.00
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 # P04000056087
NAME PICERNE OCANA, INC.
STREET ADDRESS 247 NORTH WESTMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #