


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 MAY -2 AM 10: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001606					
1. Entity Name OKEECHOBEE INDUSTRIAL LIMITED PARTNERSHIP					
Principal Place of Business 751 PARK COMMERCE DRIVE STE. 128 BOCA RATON, FL 33487			Mailing Address 751 PARK COMMERCE DRIVE STE. 128 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3729089	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COLMAN, NANCY B ESQ BARITZ & COLMAN LLP 150 EAST PALMETTO PARK ROAD STE. 750 BOCA RATON, FL 33432				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P04000140201		STREET ADDRESS		
NAME	OKEECHOBEE INDUSTRIAL, INC.		CITY-ST-ZIP		
STREET ADDRESS	751 PARK COMMERCE DRIVE STE. 128				
CITY-ST-ZIP	BOCA RATON, FL 33487				
DOCUMENT #			STREET ADDRESS	800055194448	
NAME			CITY-ST-ZIP	05/24/05--01064--009 **141.25	
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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: <i>Shelly P. Hammel</i>			4/26/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE