

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000002047

1. Entity Name
THE OROPEZA FAMILY LIMITED PARTNERSHIP



Principal Place of Business
**3881 EMERALD ESTATES CIRCLE
APOPKA, FL 32703**

Mailing Address
**3881 EMERALD ESTATES CIRCLE
APOPKA, FL 32703**



01162007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2078470

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAMES, LAURENCE C
215 NORTH EOLA DRIVE
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

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 # **P04000170019**
NAME **OROPEZA INVESTMENTS, INC.**
STREET ADDRESS **3881 EMERALD ESTATES CIRCLE**
CITY- ST- ZIP **APOPKA, FL 32703**

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U00000593962
01/22/07-80052-011-508.75

**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: *Frank Oropeza* **Frank Oropeza** 1/17/06 407 446 5559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE