## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## Mar 12, 2008 08:00 A DOCUMENT # A04000002047 **Secretary of State** 1. Entity Name THE OROPEZA FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 3881 EMERALD ESTATES CIRCLE 3881 EMERALD ESTATES CIRCLE APOPKA, FL 32703 APOPKA, FL 32703 03042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 43-2078470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent HAMES, LAURENCE C DO NOT WRITE 215 NORTH EOLA DRIVE ORLANDO, FL 32801 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 OROPEZA INVESTMENTS, INC. STREET ADDRESS 3881 EMERALD ESTATES CIRCLE 0000095546 CITY-ST-ZIP APOPKA, FL 32703 99./27/08-800\$12002 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT ( RAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT & NAME STREET ADDRESS CMY-SI-ZIP DOCUMENT ₹ NAME ASSET CONTRACTOR OF A STREET O STREET ADDRESS CITY-ST-21P DOCUMENT # NAME STREET ADDRESS

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

Frank Oropez

CHY-ST-ZIP

SIGNATURE:

3/4/08

407.446-5859

FILED

Daytime Phone if