2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000002189

1. Entity Name
OLEO ACRES, LLLP

06 FEB 20 AM 8:51

Principal Place of Business	Mailing Address
2008 COUNTRY CLUB DRIVE EUSTIS, FL 32726	2008 COUNTRY CLUB DRIVE EUSTIS, FL 32726

2. Principal Place of Business	3. Mailing Address PO Box 1236
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Eustis FL
Zip / Country	Zip 32727 / Country

02142006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3931143 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORRIS, GAIL L 2008 COUNTRY CLUB DRIVE EUSTIS, FL 32726	Name Charles E. Norris II Street Address (P.O. Box Number is Not Acceptable) 20650 CR 46A City Sorrento FL Zip Code 32776

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] Charles Norris II 2-14-06
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2006, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME NORRIS, CHARLES E II STREET ADDRESS 20650 CR 46A CLUB DRIVE CITY-ST-ZIP SORRENTO, FL 32776	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME NORRIS, STEPHANIE L STREET ADDRESS 3609 CONSTANCE CITY-ST-ZIP NEW ORLEANS, LA 70115	STREET ADDRESS 800066803105 02/28/06--01019--024 **500.00 CITY-ST-ZIP
DOCUMENT # NAME NORRIS, ROBERT E STREET ADDRESS 2008 COUNTRY CLUB DRIVE CITY-ST-ZIP EUSTIS, FL 32726	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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] 2-14-06 352-551-7998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #