


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000000546		
1. Entity Name LUCAS OSLO LP		

Principal Place of Business 455 3RD LANE SW VERO BEACH, FL 32962	Mailing Address 455 3RD LANE SW VERO BEACH, FL 32962
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
07 JUN -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4668454	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BIRAN C HERNDON, PA 795 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984		7. Name and Address of New Registered Agent Name Biran C. Herndon PA Street Address (P.O. Box Number is Not Acceptable) 8418 S US Highway 1 City Port St. Lucie FL Zip Code 34952	
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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]* DATE 1/8/07
Signature, typed or printed name of registered agent and title if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P06000049393 LUCAS MANAGEMENT INC 455 3RD LANE SW VERO BEACH, FL 32962	STREET ADDRESS CITY-ST-ZIP	000104219800 06/11/07 01035 015 **500.00
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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]* **Paul L. Lucas** 4/30/07 702-567-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE