## 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

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## FILED **DOCUMENT # A06000000589** 1. Entity Name O'DELL PROPERTIES, LLLP 2007 APR -5 AM 9: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **4611 COUNTY ROAD 116 4611 COUNTY ROAD 116** WILDWOOD, FL 34785 WILDWOOD, FL 34785 2. Principal Place of Business - No P.O. Box # Majling Address P.O.Box 636 Suite, Apt. #, etc. 02152007 Chg-LP CR2E003 (12/06) City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'DELL, JACK S Street Address (P.O. Box Number is Not Acceptable) **4611 COUNTY ROAD 116** WILDWOOD, FL 34785 City 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 Signature, typed or printed name of registered agent and lide 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME O'DELL, JACK S TRUSTEE STREET ADDRESS **4611 COUNTY ROAD 116** CITY-ST-ZIP CITY-ST-ZIP WILDWOOD, FL 34785 900095505099 DOCHMENT # STREET ADDRESS 04/11/07--01038--005 \*\*500.00 NAME O'DELL, JOSEPH H STREET ADDRESS **4611 COUNTY ROAD 116** CITY-ST-7IP CITY-ST-ZIP WILDWOOD, FL 34785 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-S1-ZIP 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 empoyeered to execute this report as february by Chapter 620. Florida Statutes 04-07-07 SIGNATURE: URE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #