


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

**FILED  
Jan 24, 2008 08:00 A  
Secretary of State**

DOCUMENT # A06000000589		
1. Entity Name O'DELL PROPERTIES, LLLP		

Principal Place of Business 4611 COUNTY ROAD 116 WILDWOOD, FL 34785	Mailing Address PO BOX 636 WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 20-4794152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

O'DELL, JACK S  
4611 COUNTY ROAD 116  
WILDWOOD, FL 34785

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 # NAME STREET ADDRESS CITY-ST-ZIP	O'DELL, JOSEPH H POST OFFICE 398 WILDWOOD, FL 34785
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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U00000735233  
01/28/08-80041-012 500.00

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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: Joseph H. O'Dell Jan. 18<sup>th</sup>, 2008 352-751-0804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #