

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008



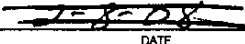


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312008 Chg-LP CR2E003 (12/06)

DOCUMENT # A07000000692			
1. Entity Name O.J. BREAK, LLLP			
Principal Place of Business 445 LIMIT AVENUE MOUNT DORA, FL 32757		Mailing Address 445 LIMIT AVENUE MOUNT DORA, FL 32757	
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
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMPSON, ANITA K 445 LIMIT AVENUE MOUNT DORA, FL 32757		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		DATE 	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	SIMPSON, ANITA K TRUSTEE	STREET ADDRESS	
NAME	445 LIMIT AVENUE	CITY-ST-ZIP	
STREET ADDRESS	MOUNT DORA, FL 32757		
CITY-ST-ZIP			
DOCUMENT #	SIMPSON, HOWARD J III	STREET ADDRESS	
NAME	955 COUNTRY CLUB HILLS DRIVE	CITY-ST-ZIP	
STREET ADDRESS	EUSTIS, FL 32725		
CITY-ST-ZIP			
DOCUMENT #	SIMPSON BECKSTEIN, LISA	STREET ADDRESS	
NAME	7425 WESTMORELAND DRIVE	CITY-ST-ZIP	
STREET ADDRESS	SARASOTA, FL 34243		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-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 empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		Date  Daytime Phone #	

STAPLE CHECK HERE

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