

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A07000000692

Entity Name: O.J. BREAK, LLLP

FILED  
Apr 08, 2009  
Secretary of State

**Current Principal Place of Business:**

445 LIMIT AVENUE  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

445 LIMIT AVENUE  
MOUNT DORA, FL 32757

**New Mailing Address:**

FEI Number: 02-0807293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMPSON, ANITA K  
445 LIMIT AVENUE  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: SIMPSON, ANITA K TRUSTEE

Address: 445 LIMIT AVENUE

City-St-Zip: MOUNT DORA, FL 32757

Document #:

Name: SIMPSON, HOWARD JAMES III

Address: 955 COUNTRY CLUB HILLS DRIVE

City-St-Zip: EUSTIS, FL 32725

Document #:

Name: BECKSTEIN, LISA S TRUSTEE

Address: 7425 WESTMORELAND DRIVE

City-St-Zip: SARASOTA, FL 34243

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANITA K. SIMPSON

MS.

04/08/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date