

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # A26701		
1. Entity Name OK RECOVERY, LTD.		

Principal Place of Business 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202	Mailing Address P.O. BOX 52898 JACKSONVILLE, FL 32201
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01132004 Chg-LP CR2E003 (10/03)

4. FCI Number 59-2897848	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY, P.A. 1800 FLORIDA NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$5,411.00	10. Amount of Capital Contributions in FLORIDA to date. \$5,411.00
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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	NEWTON, RUSSELL B III 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202	STREET ADDRESS CITY - ST - ZIP	U00000120550 04/20/04-80014-021 141.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Newton B. Newton 4/9/04 (904) 356-1739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE