2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 27, 2006 08:00 Al Secretary of State

PETI -225(40P)

	5y may 1, 2000	
DOCUMENT # A2670 1. Entity Name OK RECOVERY, LTD.	01	
Principal Place of Business	Mailing Address	

P.O. BOX 52898

JACKSONVILLE, FL 32201



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP CR2E003 (11/05)

4. FEI Number		Applied For
59-2897848		Not Applicable
5. Certificate of Status Desired	\$8.75 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY, P.A. 1800 FLORIDA NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE, FL 32202

200 W FORSYTH ST

JACKSONVILLE, FL 32202

SUITE 1600

STAPLE CHECK HERE

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

JACKSON	VILLE, I E OZZOZ			
	ions of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept (10,000,0533453 (10,000,000,000,000,000,000,000,000,000,		
	Signature, typed or printed name of registered agent and title if applicable.	and and an analysis are analysis		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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	NEWTON, RUSSELL B III 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202			
DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP				
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
14. I hereby indicated or the rec	certify that the information supplied with this filing does not qualify for the contribution on this report is true and accurate and that my signature shall have the same server or trustee empowered to execute this report as required by Chapter 6	exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am a General Partner of the limited partnership 20, Florida Statutes		

PED OR PRINTED NAME OF SIGNING GENERAL PARTNER