

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 14 AM 8:17

**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

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
59-2897848

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
NEWTON, RUSSELL B III  
200 W FORSYTH ST SUITE 1600  
JACKSONVILLE, FL 32202

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CITY-ST-ZIP

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CITY-ST-ZIP

400123072094  
04/11/08--01048--019 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Murray B. Newton III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/3/08

Date

(904) 356-1739

Daytime Phone #

STAPLE CHECK HERE