


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 AUG 13 PM 2:27

DOCUMENT # A32492 1. Entity Name OKEECHOBEE COMMONS, LTD.	
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Principal Place of Business 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

Suite, Apt. #, etc. P O Box 321209
 City & State Cocoa Beach, FL
 Zip 32932-1209 Country

05142007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3101214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931	7. Name and Address of New Registered Agent Name <u>JAMES KINCAID</u> Street Address (P.O. Box Number is Not Acceptable) <u>P O Box 321209</u> City <u>Cocoa Beach</u> FL Zip Code <u>32932-1209</u>
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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 James Kincaid, Vice President DATE 8/10/07

FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00

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 #		STREET ADDRESS	<u>P O Box 321209</u>
NAME	MCPHILLIPS, JACQUELINE	CITY-ST-ZIP	<u>Cocoa Beach, FL 32932-1209</u>
STREET ADDRESS	5505 N. ATLANTIC AVE., SUITE 115		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
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CITY-ST-ZIP			

700108676807
 08/25/07--01011--000 **\$900.00

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: James Kincaid DATE 8/10/07 321-799-4090

STAPLE CHECK HERE