


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:51

DOCUMENT #A32492 1. Entity Name OKEECHOBEE COMMONS, LTD.					
Principal Place of Business 5505 N. ATLANTIC AVE., SUITE 115 COCOA BEACH, FL 32931			Mailing Address PO BOX 321209 COCOA BEACH, FL 32932-1209		
2. Principal Place of Business - No P.O. Box # ATLANTIS ROAD		3. Mailing Address Suite, Apt. #, etc. 405-B			
City & State CAPE CANAVERAL, FL		City & State _____		4. FEI Number 59-3101214	
Zip 32920		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KINCAID, JAMES 5505 N. ATLANTIC AVE., SUITE 115 PO BOX 321209 COCOA BEACH, FL 32931-1209				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 405-B ATLANTIS ROAD City CAPE CANAVERAL FL Zip Code 32920	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
700128734707 05/07/08--01009--025 **508.75					
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	405-B ATLANTIS ROAD	
STREET ADDRESS	MCPHILLIPS, JACQUELINE		CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	
CITY-ST-ZIP	PO BOX 321209				
CITY-ST-ZIP	COCO BEACH, FL 329321209				
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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: <u>James Kincaid</u> <u>James Kincaid</u> <u>4/02/08</u> <u>321-799-4090</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE