

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A93000001078**

1. Entity Name  
**FLEMING ISLAND LIMITED PARTNERSHIP**



Principal Place of Business  
**1516 COUNTY ROAD 220  
ORANGE PARK, FL 32003**

Mailing Address  
**1590 ISLAND LANE, SUITE 28  
ORANGE PARK, FL 32003**



03162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**56-1846803**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

**O'CONNOR, JOHN W  
1590 ISLAND LANE, SUITE 28  
ORANGE PARK, FL 32003**

**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, 2007, 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 # **F47768**  
NAME **O'CONNOR DEVELOPMENT CORPORATION**  
STREET ADDRESS **1590 ISLAND LANE, SUITE 28**  
CITY - ST - ZIP **ORANGE PARK, FL 32003**

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000000703391  
04/25/07-80001-005 500.00

**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: *John W. O'Connor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*6.P. 4/3/07 904/215-7575*

STAPLE CHECK HERE