


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Mar 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A93000001405**

1. Entity Name  
OFRA INVESTMENTS, LTD.



Principal Place of Business  
5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809

Mailing Address  
P.O. BOX 1650  
WINDERMERE, FL 34786-1650

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3224513	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

ORCHILLES, FRANCISCO JR  
5900 CASA DEL REY CIRCLE  
ORLANDO, FL 32809

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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	P93000074172 AUTOTIM CORP. 5900 CASA DEL REY CIRCLE ORLANDO, FL 32809
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03/10/06-80040-003 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:** \_\_\_\_\_ **2/27/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER City Daytime Phone #