


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # A93000001405 1. Entity Name OFRA INVESTMENTS, LTD.	
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Principal Place of Business 5900 CASA DEL REY CIRCLE ORLANDO, FL 32809	Mailing Address P.O. BOX 1650 WINDERMERE, FL 34786-1650
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-LP CR2E003 (12/06)

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, 2008, Fee will be \$900.00

UN00000835768
 02/29/08-80047-012 500.00

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.

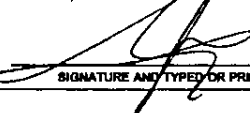
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P93000074172
NAME	AUTOTIM CORP.
STREET ADDRESS	5900 CASA DEL REY CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32809
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/19/08

Date

4073630015

Daytime Phone #