

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

DOCUMENT # A94000001338 1. Entity Name OLIVEYE PARTNERS, LTD.				
Principal Place of Business 2255 GLADES ROAD, SUITE 223A BOCA RATON, FL 33431		Mailing Address 2255 GLADES ROAD, SUITE 223A BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 2255 GLADES ROAD		3. Mailing Address 2255 GLADES ROAD		
Suite, Apt. #, etc. SUITE 234 WEST		Suite, Apt. #, etc. SUITE 234 WEST		
City & State BOCA RATON FL		City & State BOCA RATON FL		
Zip 33431		Zip 33431		
Country USA		Country USA		
4. FEI Number 22-3368855		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent O.P.L., INC. 2255 GLADES RD., SUITE 223A BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 234 WEST BOCA RATON FL 33431		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____		
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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		13. ADDRESS CHANGES ONLY		
DOCUMENT #	P94000072090	STREET ADDRESS	2255 GLADES ROAD, SUITE 234 WEST	
NAME	O.P.L., INC.	CITY-ST-ZIP	BOCA RATON, FL 33431	
STREET ADDRESS	2255 GLADES RD., SUITE 223A	700123942047 04/17/08--01057--013 **500.00		
CITY-ST-ZIP	BOCA RATON, FL 33431			
DOCUMENT #				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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 20, Florida Statutes.				
SIGNATURE: By: [Signature] Pres.		Date: 4/10/08		

STAPLE CHECK HERE