

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

DOCUMENT # A95000001286	
1. Entity Name OCA INVESTMENTS, LTD.	



Principal Place of Business 42 S. PENINSULA DR DAYTONA BEACH, FL 32118	Mailing Address 42 S. PENINSULA DR DAYTONA BEACH, FL 32118
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2. Principal Place of Business - No P.O. Box # 315 N. Atlantic Ave	3. Mailing Address 315 W. Atlantic Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Daytona Beach, FL	City & State Daytona Beach, FL
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Zip 32118	Country U.S.	Zip 32118	Country U.S.
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04282008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3331329	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GORNT0, L. A. JR. 149-F S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	
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7. Name and Address of New Registered Agent Name Gornito, L.A. JR. Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Blvd., Suite 200 City Daytona Beach FL Zip Code 32118	
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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

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 CITY-ST-ZIP	P95000061240 OCA MANAGEMENT, INC. 42 S. PENINSULA DR DAYTONA BEACH, FL 32118	STREET ADDRESS CITY-ST-ZIP	
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 05/01/08--01046--023 **500.00

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] 4-28-08
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE