

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001112**

1. Entity Name  
**TOM ED OAKLEY FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**101 ALTURAS BABSON PARK CUTOFF ROAD  
LAKE WALES, FL 33853**

Mailing Address  
**12649 TRADITION DR  
DADE CITY, FL 33525**



04222008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3374535**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**MYERS, CORNEAL B  
130 E. CENTRAL AVENUE  
LAKE WALES, FL 33853**

**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

U000000947377  
06/02/08 80012 004 500.00

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**OAKLEY, PATRICIA A  
12649 TRADITION DR  
DADE CITY, FL 33525**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**OAKLEY, PATRICIA A TRUSTEE  
12649 TRADITION DR  
DADE CITY, FL 33525**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:

*Patricia A. Oakley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.26.08

Date

352 568 2583

Daytime Phone #

STAPLE CHECK HERE