

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000001112

FILED
Apr 21, 2009
Secretary of State

Entity Name: TOM ED OAKLEY FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

101 ALTURAS BABSON PARK CUTOFF ROAD
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

12649 TRADITION DR
DADE CITY, FL 33525

New Mailing Address:

FEI Number: 59-3374535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: OAKLEY, PATRICIA A
Address: 12649 TRADITION DR
City-St-Zip: DADE CITY, FL 33525

Document #:

Name: OAKLEY, PATRICIA A TRUSTEE
Address: 12649 TRADITION DR
City-St-Zip: DADE CITY, FL 33525

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

GP

04/21/2009

Electronic Signature of Signing General Partner

Date