

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001112

**FILED**  
**Apr 21, 2010**  
**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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

I hereby 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

\_\_\_\_\_  
Electronic Signature of Signing General Partner

04/21/2010

\_\_\_\_\_  
Date