2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000001112

Entity Name: TOM ED OAKLEY FAMILY LIMITED PARTNERSHIP

FILED Apr 25, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 ALTURAS BABSON PARK CUTOFF ROAD 10651 HWY 301

LAKE WALES, FL 33853 DADE CITY, FL 33525

Current Mailing Address: New Mailing Address:

12649 TRADITION DR 10651 HWY 301

DADE CITY, FL 33525 DADE CITY, FL 33525

FEI Number: 59-3374535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MYERS, CORNEAL B MAGGARD, ANN O 130 E. CENTRAL AVENUE 10651 HWY 301

LAKE WALES, FL 33853 US DADE CITY, FL 33525 US

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: ANN O. MAGGARD 04/25/2011

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #:

Name: OAKLEY, PATRICIA A

 Address:
 12649 TRADITION DR
 Address:

 City-St-Zip:
 DADE CITY, FL 33525
 City-St-Zip:

Document #:

Name: OAKLEY, PATRICIA A TRUSTEE

 Address:
 12649 TRADITION DR
 Address:

 City-St-Zip:
 DADE CITY, FL 33525
 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 04/25/2011