2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000001157

1. Entity Name
OETZMAN FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1071 FAIRVIEW LANE RIVIERA BEACH, FL 33404	1071 FAIRVIEW LANE RIVIERA BEACH, FL 33404

DO NOT WRITE IN THIS SPACE

03212007 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
65-0670911	Not Applicable

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

6. Name and Address of Current Registered Agent

OETZMAN, BARBARA W
1071 FAIRVIEW LANE
RIVIERA BEACH, FL 33404

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 _____   DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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	OETZMAN, BARBARA W 1071 FAIRVIEW LANE RIVIERA BEACH, FL 33404
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U000000766300
06/14/07-80002-001 500.00

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: X _Barbara W Oetzman_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE