

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 12 PM 1:17

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000642

OAKMONT, LTD.



Mailing Address

**2487 ALOMA AVENUE
WINTER PARK FL 32792**

Principal Office Address

**2487 ALOMA AVENUE
WINTER PARK FL 32792**

3. Date Formed or Registered

03/14/1997

5a. Capital Contributions as
Shown on record.

\$7,500.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$1000.00

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 1748

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

32790

Country

Zip

Country

6. FEI Number

59-3435564

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**BATTAGLIA, W.P.
222 WEST COMSTOCK AVE., SUITE 101
WINTER PARK FL 32789**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

600002375286--2

Suite, Apt. #, etc.

-12/17/97--01086--012

City

*****156.25 ***156.25**

FL

10a. Pursuant to the provisions of sections 620.105-1 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**EMBREE PARKER, INC.
CD ONE, INC.**

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**1300 NORTH SEMORAN BL
2487 ALOMA AVENUE**

11b. City, State & Zip Code

**ORLANDO FL 32857
WINTER PARK FL 32792**

11c. Registration/
Document Number

**P97000023397
J41911**

Handwritten signature and date 12-14

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Handwritten signature of Robert N. Garover
ROBERT N GAROVER

DATE

11/20/97

Daytime Telephone Number

407 679 1748

CR2E003 (6/97)