

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 30 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

65-0763012

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DOCUMENT # A97000001329**

1. Entity Name

O PROPERTY, LTD.



Principal Place of Business

1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
DEERFIELD BEACH, FL 33442

Mailing Address

P.O. BOX 4219  
DEERFIELD BEACH, FL 33442-4219

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

KAY, JAMES R ESQ.  
KAY LAW OFFICES  
700 VILLAGE SQUARE CROSSING., STE 102B  
PALM BEACH GARDENS, FL 33410

**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

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

DATE

**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 # M97000000349  
NAME OS, LLC  
STREET ADDRESS 1350 EAST NEWPORT CENTER DRIVE, SUITE 206  
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

DOCUMENT #  
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CITY-ST-ZIP

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05/09/07--01049--009 \*\*508.75

**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:**

*Linda Kammof*  
Linda Kammof

4-17-07

Date

954428-4585

Daytime Phone #

STAPLE CHECK HERE