

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 13 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000001846

1. Entity Name
O.J. HARVEY PARTNERSHIP, LIMITED



Principal Place of Business
1114 CULBREATH ISLES DRIVE
TAMPA, FL 33629

Mailing Address
1114 CULBREATH ISLES DRIVE
TAMPA, FL 33629

2. Principal Place of Business - No P.O. Box #

1204 Suffolk Drive

3. Mailing Address

1204 Suffolk Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007

Chg-LP

CR2E003 (12/06)

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

33629

USA

Zip

Country

33629

USA

4. FEI Number

59-3508164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUSHAUS, BRAD
611 MAGNOLIA
TAMPA, FL 33606

Name

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

City

FL

Zip Code

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 # P97000067659
NAME O.J. HARVEY, INC.
STREET ADDRESS 1114 CULBREATH ISLES DRIVE, NORTH
CITY-ST-ZIP TAMPA, FL 33629

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Barbara Ryals BARBARA RYALS 3-20-07 2870888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE.