



**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A97000001846</b> 1. Entity Name O.J. HARVEY PARTNERSHIP, LIMITED	
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Principal Place of Business 1204 SUFFOLK DRIVE TAMPA, FL 33629	Mailing Address 1204 SUFFOLK DRIVE TAMPA, FL 33629
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
08 JAN 29 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01102008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3508164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TUSHAUS, BRAD 611 MAGNOLIA TAMPA, FL 33606	<b>DO NOT WRITE IN THIS SPACE</b>
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I, 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, 2008, Fee will be \$900.00**

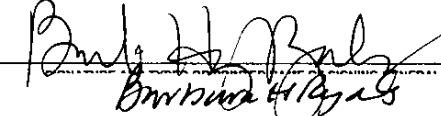
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

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

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02/01/08--01004--027 \*\*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:**  1-15-08 813 2870888

STAPLE CHECK HERE