


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED

Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002072					
1. Entity Name O.C.C. INVESTMENTS, LTD.					
Principal Place of Business 2113 NORTH CITRUS BLVD. LEESBURG FL 34748			Mailing Address 2113 NORTH CITRUS BLVD. LEESBURG FL 34748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3469757	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTON, JAMES H 2113 NORTH CITRUS BLVD. LEESBURG FL 34748				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record		\$204,024.00		10. Amount of Capital Contributions in FLORIDA to date. \$166,989.00	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000076264			STREET ADDRESS	
NAME	O.C.C. INVESTMENTS, INC.			CITY-ST-ZIP	
STREET ADDRESS	2113 NORTH CITRUS BLVD.				
CITY-ST-ZIP	LEESBURG FL 34748				000000111111
DOCUMENT #				STREET ADDRESS	04/13/04-800003-012 526.25
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James H. Cotton</u> James H. Cotton 4-2-04 352-728-0800					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE