


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 30, 2005 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
Zip	Country



1ST MOORE CR2E003 (10/04)

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

9. Capital Contributions as Shown on record. **\$204,024.00** **10. Amount of Capital Contributions** in FLORIDA to date. **\$174,952.00**

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			

U00000345772
04/30/05 60048-022 526.25

STAPLE CHECK HERE

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: James H Cotton James H Cotton **4-15-05 352-728-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #