# 2005 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2005

**DOCUMENT #** A97000002549

1. Entity Name
O & E PARTNERS, LTD.

FILED
2005 APR -8 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3700 N.W. 91ST STREET<br>A-100<br>GAINESVILLE, FL 32606 | 3700 N.W. 91ST STREET<br>A-100<br>GAINESVILLE, FL 32606 |

01102005 Chg-LP CR2E003 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-6237090 ☐ 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 |
|---|---|
| HAUFLER, EUGENE B<br>3700 N.W. 91ST ST., A-100<br>GAINESVILLE, FL 32606 | Name SANDRA H. SONTAG<br>Street Address (P.O. Box Number is Not Acceptable)<br>3700 NW 91 STREET A-100<br>City GAINESVILLE FL Zip Code 32606 |

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 4/4/05
Signature, type/print name of registered agent, and title if applicable

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|
| $5,000,000.00 | |

**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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|---|---|
| DOCUMENT # | P96000024406 | STREET ADDRESS | |
| NAME | OAK GLADE APARTMENTS, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 3700 N.W. 91ST STREET, A-100 | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32606 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 400054030644 |
| NAME | | CITY-ST-ZIP | 05/06/05--01112--011 **526.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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:** _____ Sandra H. Sontag 4/4/05 352 376 2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #