

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**DOCUMENT # A97000002549**

1. Entity Name  
**O & E PARTNERS, LTD.**



Principal Place of Business  
**3700 N.W. 91ST STREET**  
**A-100**  
**GAINESVILLE, FL 32606**

Mailing Address  
**3700 N.W. 91ST STREET**  
**A-100**  
**GAINESVILLE, FL 32606**

2. Principal Place of Business - No P.O. Box #  
**3500 NW 97 Blvd**  
 Suite, Apt. #, etc.  
**A**

3. Mailing Address  
**3500 NW 97 Blvd.**  
 Suite, Apt. #, etc.  
**A**

City & State  
**Gainesville, Florida**  
 Zip  
**32606**  
 Country  
**USA**

City & State  
**Gainesville, Florida**  
 Zip  
**32606**  
 Country  
**USA**

06012007 Chg-LP CR2E003 (12/06)

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**

**SONTAG, SANDRA H**  
**3700 N.W. 91ST ST., A-100**  
**GAINESVILLE, FL 32606**

**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

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 # **P96000024406**  
 NAME **OAK GLADE APARTMENTS, INC.**  
 STREET ADDRESS **3700 N.W. 91ST STREET, A-100**  
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

DOCUMENT #  
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 CITY-ST-ZIP

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**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

**500104436095**  
**06/15/07--01051--007 \*\*\*900.00**

*[Handwritten signature]*

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:**

*[Handwritten signature: Oscar Haufler]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Handwritten signature: Oscar Haufler]*  
 Date

*[Handwritten: 6/16/07 352-331-3396]*  
 Daytime Phone #

STAPLE CHECK HERE

FILED  
 07 JUN 13 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

