


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:43

DOCUMENT # A97000002549		
1. Entity Name O & E PARTNERS, LTD.		

Principal Place of Business 3500 N.W. 97 BLVD A GAINESVILLE, FL 32606	Mailing Address 3500 N.W. 97 BLVD A GAINESVILLE, FL 32606
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062008 Chg-LP CR2E003 (12/06)	
4. FEI Number 59-6237090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SONTAG, SANDRA H 3700 N.W. 91ST ST., A-100 GAINESVILLE, FL 32606		Name SONTAG, SANDRA H. Street Address (P.O. Box Number is Not Acceptable) 3500 NW 97 BLVD, SUITE A 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 SANDRA H. SONTAG DATE 4/21/08

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000024406	STREET ADDRESS	
NAME	OAK GLADE APARTMENTS, INC.	CITY-ST-ZIP	700125592937 04/24/08--01044--014 **500.00
STREET ADDRESS	3700 N.W. 91ST STREET, A-100	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32606	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: OSCAR E. HAUFLEA Oscar Hauflea DATE 4/21/08 DAYTIME PHONE # 352-331-3396

STAPLE CHECK HERE