
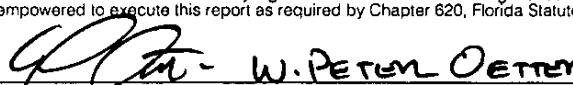


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 10 AM 10:20

DOCUMENT # A98000000408 1. Entity Name OETTER ENTERPRISES, LTD.					
Principal Place of Business 4130 NW 16 BLVD GAINESVILLE, FL 32605			Mailing Address P.O. BOX 14513 GAINESVILLE, FL 32604		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OETTER, ROBERT L 4130 NW 16 BLVD GAINESVILLE, FL 32605			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record: \$4,100,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	NAME		STREET ADDRESS		
NAME	OETTER, ROBERT L		CITY - ST - ZIP		
STREET ADDRESS	4130 NW 16 BLVD		400048862284 03/22/05--01041--017 **535.00		
CITY - ST - ZIP	GAINESVILLE, FL 32605		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	OETTER, W. PETER		CITY - ST - ZIP		
STREET ADDRESS	4130 NW 16 BLVD				
CITY - ST - ZIP	GAINESVILLE, FL 32605				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: 			MARCH 9, 2005 (332) 375 2129 <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE