

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

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

1st MOORE CR2E003 (10/05)

4. FEI Number 59-3492593	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent	
OETTER, ROBERT L 4130 NW 16 BLVD GAINESVILLE FL 32605	

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 _____ DATE **02/02/06-80061-002 508.75**

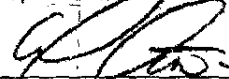
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #		STREET ADDRESS	
NAME	OETTER, ROBERT L	CITY-ST-ZIP	
STREET ADDRESS	4130 NW 16 BLVD		
CITY-ST-ZIP	GAINESVILLE FL 32605		
DOCUMENT #		STREET ADDRESS	
NAME	OETTER, W. PETER	CITY-ST-ZIP	
STREET ADDRESS	4130 NW 16 BLVD		
CITY-ST-ZIP	GAINESVILLE FL 32605		
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			

STAPLE CHECK HERE

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:  **William Peter Oetter** Jan 24, 2006 (352) 375-212