

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000002856 1. Entity Name OCALA TROPHY, LTD.	
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Principal Place of Business 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436	Mailing Address 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE

04142008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0882273	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STERN, HAROLD S 3483 W. WOOLBRIGHT RD BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE

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 _____
Signature: typed or printed name of registered agent and title if applicable

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	
DOCUMENT #	P97000071864
NAME	OCALA 200, INC.
STREET ADDRESS	3483 W. WOOLBRIGHT RD
CITY-STATE-ZIP	BOYNTON BEACH, FL 33436
DOCUMENT #	P02000073166
NAME	NEW MILLENNIUM OPERATING CORP.
STREET ADDRESS	3483 W. WOOLBRIGHT RD
CITY-STATE-ZIP	BOYNTON BEACH, FL 33436
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

000000931620
05/22/08-80022-013-500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

OPERATIVE CORP

Date

Daytime Phone #

4/25/08 561-737-5805