

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000000778

**Entity Name:** OFT LIMITED PARTNERSHIP

**Current Principal Place of Business:**

1670 RIDGE TOP DRIVE  
TARPON SPRINGS, FL 34688

**Current Mailing Address:**

1670 RIDGE TOP DRIVE  
TARPON SPRINGS, FL 34688

**FEI Number:** 26-0482862

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

O'CONNOR & ASSOCIATES  
1250 BELCHER ROAD, SUITE 160  
LARGO, FL 33771 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**General Partner Detail :**

Document # L07000051437

Name OFTM, LLC

Address 1670 RIDGE TOP DRIVE

City-State-Zip: TARPON SPRINGS FL 34688

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA O. BUCK

**MANAGER**

**02/06/2014**

\_\_\_\_\_ Electronic Signature of Signing General Partner Detail

\_\_\_\_\_ Date