


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED  
Jun 14, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A02792**  
1. Entity Name  
**OAK WOOD ASSOCIATES, LTD.**



Principal Place of Business <b>300 WEST DIXIE AVENUE LEESBURG, FL 34748</b>	Mailing Address <b>300 WEST DIXIE AVENUE LEESBURG, FL 34748</b>
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2. Principal Place of Business Suite Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03222003 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent  
**HABER, FLORA JO  
300 WEST DIXIE AVENUE  
LEESBURG, FL 34748**

4. FEI Number  
**59-1395175** Applied For  
Not Applicable

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

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record <b>\$80,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 CITY - ST - ZIP	<b>HABER, FLORA JO 300 WEST DIXIE AVE. LEESBURG, FL</b>	STREET ADDRESS	
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STAPLE CHECK HERE

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: *Flora Jo Haber* 6-8-04 (352) 787-6700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #