


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Jan 12, 2005 08:00 AM  
Secretary of State**

|   |                     |                     |  |   |                                      |
|---|---------------------|---------------------|--|---|--------------------------------------|
| DOCUMENT # A02792   |                     |                     |  |                |                                      |
| 1. Entity Name<br>OAK WOOD ASSOCIATES, LTD.   |                     |                     |  |   |                                      |
| Principal Place of Business<br>300 WEST DIXIE AVENUE<br>LEESBURG, FL 34748  |                     |                     | Mailing Address<br>300 WEST DIXIE AVENUE<br>LEESBURG, FL 34748 |   |                                      |
| 2. Principal Place of Business  |                     | 3. Mailing Address  |  |   |                                      |
| Suite, Apt. #, etc.   |                     | Suite, Apt. #, etc. |  |   |                                      |
| City & State  |                     | City & State        |  | 4. FEI Number<br><b>59-1395175</b>  |                                      |
| Zip   |                     | Country             |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                                      |
| 6. Name and Address of Current Registered Agent   |                     |                     | 7. Name and Address of New Registered Agent                    |   |                                      |
| HABER, FLORA JO<br>300 WEST DIXIE AVENUE<br>LEESBURG, FL 34748  |                     |                     | Name   |   |                                      |
|   |                     |                     | Street Address (P.O. Box Number is Not Acceptable)             |   |                                      |
|   |                     |                     | City   |   |                                      |
|   |                     |                     | <b>FL</b>  |   | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                     |                     |  |   |                                      |
| 9. Capital Contributions as Shown on record. <b>\$80,000.00</b>   |                     |                     | 10. Amount of Capital Contributions in FLORIDA to date.        |   |                                      |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                     |                     |  |   |                                      |
| 12. GENERAL PARTNER INFORMATION   |                     |                     | 13. ADDRESS CHANGES ONLY                                       |   |                                      |
| DOCUMENT #  | NAME                |                     | STREET ADDRESS   |   |                                      |
| NAME  | HABER, FLORA JO     |                     | CITY-ST-ZIP  |   |                                      |
| STREET ADDRESS  | 300 WEST DIXIE AVE. |                     |  | 00000177852<br>01/12/05-80003-012 535.00  |                                      |
| CITY-ST-ZIP   | LEESBURG, FL        |                     | CITY-ST-ZIP  |   |                                      |
| DOCUMENT #  | NAME                |                     | STREET ADDRESS   |   |                                      |
| NAME  |                     |                     | CITY-ST-ZIP  |   |                                      |
| STREET ADDRESS  |                     |                     |  |   |                                      |
| CITY-ST-ZIP   |                     |                     | CITY-ST-ZIP  |   |                                      |
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| STREET ADDRESS  |                     |                     |  |   |                                      |
| CITY-ST-ZIP   |                     |                     | 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)(f), 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: <u>Flora Jo Haber</u>  |                     |                     | Date: <u>1-5-05</u>  |   | Daytime Phone #: <u>352/787-6700</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                     |                     | <small>Date</small>  |   | <small>Daytime Phone #</small>       |



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