## **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

## **FILED**

Due By May 1, 2006				May 01, 2006 08:00	
DOCUMENT # A06523  1. Entity Name					<b>Secretary of State</b>
	OAKS ASSOCIATES, LTD.				
Principal Place of Business Mailing Address 6431 COWPEN ROAD 6431 COWPEN ROAD		, , , , , , , , , ,			
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DO NOT WRITE IN THIS SPAC				04272006 No Chg-L	
DO NOT WRITE IN THIS SPACE				4. FEI Number 59-1827862	Applied For Not Applicable
		and the said Amount		5. Certificate of Status D	esired
	6. Name and Address of Current R	egistered Agent			many is an or the state of
MACALUSO, JERI 6361 COWPEN RD. SUITE 201 MIAMI LAKES, FL 33014			DO NOT WRITE IN THIS SPACE		
IVIIAIVII LAF	NES, FL 33014		e control of the cont	***	
8. The above the obligat	named entity submits this statement for ions of registered agent.	he purpose of changing its regist	ered office or registe	red agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.					DATE
	FILE NOW After May 1, 20	II FEE IS \$500.00 06, Fee will be \$900.00			
	A GENERAL PARTNER TH NOTE: General Partners MAY	AT IS A BUSINESS ENTITY NOT be changed on the fo	MUST BE REGIS rm; an amendmer	TERED AND ACTIVE W it must be filed to char	ITH THIS OFFICE. nge a general partner.
12.	GENERAL PARTNER	NFORMATION _			
DOCUMENT#	P01000017761 VILLAGE OAKS REALTY II, INC.				
STREET ADDRESS	6431 COW PEN ROAD			1	J00000554385
CITY-ST-ZIP	MIAMI LAKES, FL 33014		-		15/06-80089-024 500.00
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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: Aufa

STAPLE CHECK HERE

BOCUMENT # NAME STREET ADDRESS CHY ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #