


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # A14285 1. Entity Name WILD OAK FARM, LTD.	
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Principal Place of Business 516 LAKEVIEW ROAD, STE. 8 CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW ROAD, STE. 8 CLEARWATER, FL 33756
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01142004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2415810	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FLYNN, THOMAS F 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 33756-3302

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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9. Capital Contributions as Shown on record. \$100.00	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	P98000081954 CANTONMENT ONE, INC. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 337563302	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	000000070852 02/23/04-80035-007 150.00
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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)(j), 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>Kevin T. Flynn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	As Vice-President of Corporate General Partner	1/16/04	727-449-1182
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Daytime Phone #