


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A14285
 1. Entity Name
WILD OAK FARM, LTD.



Principal Place of Business
516 LAKEVIEW ROAD, STE. 8
CLEARWATER, FL 33756

Mailing Address
516 LAKEVIEW ROAD, STE. 8
CLEARWATER, FL 33756



DO NOT WRITE IN THIS SPACE

01152008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2415810	Applied For Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F
516 LAKEVIEW ROAD, UNIT 8
CLEARWATER, FL 33756-3302

DO NOT WRITE IN THIS SPACE

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 _____ 000000824221
Signature, typed or printed name of registered agent and title if applicable.

02/28/08 00044 013 508.75

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P98000081954 CANTONMENT ONE, INC. 516 LAKEVIEW ROAD, UNIT 8 CLEARWATER, FL 337563302
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: Kevin T Flynn **Kevin T Flynn** 2/15/08 **727-449-1182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

As Vice-President of
Corporate General Partner

STAPLE CHECK HERE