



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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29298</b> 1. Entity Name <b>OAK RUN ASSOCIATES, LTD.</b>					
Principal Place of Business <b>11637 S.W. 90TH TERRACE</b> <b>OCALA, FL 34481</b>			Mailing Address <b>11637 S.W. 90TH TERRACE</b> <b>OCALA, FL 34481</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03212005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-2977066</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>DEVELOPMENT &amp; CONSTRUCTION CORPORATION OF AMERICA</b> <b>11637 SW 90TH TERRACE</b> <b>OCALA, FL 34481</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE	
9. Capital Contributions as Shown on record. <b>\$5,500,000.00</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.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	J17866		STREET ADDRESS		
NAME	DEVELOPMENT & CONSTRUCTION CORP. OF AMERIC		CITY-ST-ZIP		
STREET ADDRESS	11637 S.W. 90TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34481		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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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:** James A. Bell ST      3-25-05      352-854-6210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #