

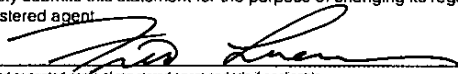


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A93000000832 1. Entity Name PORTA OAKS, LTD.					
Principal Place of Business 13925 58TH STREET NORTH CLEARWATER, FL 33760			Mailing Address 13925 58TH STREET NORTH CLEARWATER, FL 33760		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		03092005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 59-3195457	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WOHLWEND, BETH 13925 58TH STREET NORTH CLEARWATER, FL 33760			7. Name and Address of New Registered Agent Name Fred Lueck Street Address (P.O. Box Number is Not Acceptable) 13925 58th Street North City Clearwater FL Zip Code 33760		
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 3-10-05	
9. Capital Contributions as Shown on record. \$1,477,474.00 \$1,697,148		10. Amount of Capital Contributions in FLORIDA to date.			
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	P93000056239 PORTA HOLDINGS II, INC. 17755 U.S. 19 NORTH, SUITE 150 CLEARWATER, FL 34624		STREET ADDRESS CITY-ST-ZIP	13925 58th Street North Clearwater, FL 33760	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	700049167257 03/25/05--01005--005 **535.00	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE: 3/10/05 DRYLINE PHONE #: 727-524-4833	

STAPLE CHECK HERE