

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:46

DOCUMENT # A29298 1. Entity Name OAK RUN ASSOCIATES, LTD.					
Principal Place of Business 10983 S.W. 89TH AVENUE OCALA, FL 34481-9722			Mailing Address 10983 S.W. 89TH AVENUE OCALA, FL 34481-9722		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2977066	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVELOPMENT & CONSTRUCTION CORPORATION OF AMERICA 11637 SW 90TH TERRACE OCALA, FL 34481			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10983 SW 89th Avenue City OCALA FL Zip Code 34481		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	J17866		STREET ADDRESS	10983 SW 89th Avenue	
NAME	DEVELOPMENT & CONSTRUCTION CORP. OF AMERICA		CITY-ST-ZIP	OCALA, FL 34481	
STREET ADDRESS	11637 S.W. 90TH TERRACE				
CITY-ST-ZIP	OCALA, FL 34481				
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CITY-ST-ZIP					
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: <i>James A. Bell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER James A. Bell			Date: 3-10-06 (352) 854-6210 Daytime Phone #		

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