

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 APR 24 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A00000000115	
1. Entity Name SILVER OAKS VILLAGE, LTD.	

Principal Place of Business 1629 NW 4TH STREET OCALA, FL 34475	Mailing Address 1629 NW 4TH STREET OCALA, FL 34475	BK
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04172007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3628762	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAWSON, GWENDOLYN 233 S.W. 3RD STREET OCALA, FL 34478
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7. Name and Address of New Registered Agent	
Name <i>Brownell Barnard</i>	
Street Address (P.O. Box Number is Not Acceptable) 1629 NW 4th Street	
City Ocala	FL Zip Code 34475

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

[Signature]

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

BK

19-Apr-2007
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P02000100178 SILVER OAKS VILLAGE, INC. 233 S.W. 3RD STREET OCALA, FL 34478	STREET ADDRESS CITY-ST-ZIP	1629 NW 4th Street, Suite 103 Ocala, FL 34475
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500101951219 05/09/07--01049--015 **\$08.75
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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:

[Signature]

Silver Oaks Village, Inc., General Partner
By: Brownell Barnard

04/19/07

352-332-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Director and President

Daytime Phone #

STAPLE CHECK HERE