


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A00000000115</b> 1. Entity Name <b>SILVER OAKS VILLAGE, LTD.</b>	
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**FILED**  
**08 APR 14 PM 12:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business <b>1629 NW 4TH STREET</b> <b>OCALA, FL 34475</b>	Mailing Address <b>1629 NW 4TH STREET</b> <b>OCALA, FL 34475</b>
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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

02252008 Chg-LP CR2E003 (12/06)	
4. FEI Number <b>59-3628762</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>BARNARD, BROWNELL</b> <b>1629 NW 4TH STREET</b> <b>OCALA, FL 34475</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

**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	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000100176 SILVER OAKS VILLAGE, INC. 1629 NW 4TH STREET OCALA, FL 34475	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>200123594182</b> <b>04/16/08--01006--011 **508.75</b>
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STAPLE CHECK HERE

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 _____	<b>Silver Oaks Village, Inc., General Partner</b> <b>By: Brownell Barnard</b>	<b>4/1/2008</b> Date	<b>352-332-0838</b> Daytime Phone #