2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

	DUE BY M	AY 1, 2004		
DOCUI	MENT # A000000001	39****		
THE OAKS AT OMNI, LTD.				FILED
S	30	A 100 A 100 -	Co vi is	04 APR -7 AM 10: 13
Principal Place of Business Mailing Address 2937 S.W. 27TH AVENUE, SUITE 303 2937 S.W. 27TH AVEN			NUE, SUITE 303	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MIAMI FL 33	3133	MIAMI FL 33133	ΛV.	ALLAHASSEE. FLORIDA
2. Principal P	lace of Business	3. Mailing Address	15(-)	
2950 SW 27th Avenue 2950 SW 27t		h Avenue	1 12 47 547 1 647 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ste #20 City & Stat		Ste #200 =	مهر دودی:	4. FEI Number Applied For
Miami, Fl. Miami, Fl		I Country	. 65-0981856 Not Applicable	
33133	33133 USA 33133		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130			Street Address	(P.O. Box Number is Not Acceptable)
			- Street Fladress	(c. o. box Harrison to Not Accordance)
			City	FL Zip Code
		r the purpose of changing it	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
	lions of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent			DATE DATE
9. Capital Co as Shown		10. Amount of Cap in FLORIDA to		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
				STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.
12.	GENERAL PARTNE	R INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	P00000004147 TCG FORT MYERS, INC.		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	2937 S.W. 27TH AVENUE, SUITE 303 MIAMI FL 33133		CITY-ST-ZIP	
DOCUMENT #	P0000005379 FORT MYERS OMNI APARTMENTS, INC.		STREET ADDRESS	400032471414
STREET ADDRESS CITY-ST-ZIP	180 N.W. 139TH STREET MIAMI FL 33133	_,:	CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	400032471414 04/12/0401074003 **8.75
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NAME STREET ADDRESS				
CITY-ST-ZIP)	CMY-ST-ZIP	
14. I hereby indicated the recei	certify that the information supplied with on this report is frue and accurate and ver or trustee empowered to execute the	n this filing does not qualify f I that my signature shall have is report as required by Cha		Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership o