

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000139

1. Entity Name
THE OAKS AT OMNI, LTD.



Principal Place of Business
2950 S.W. 27TH AVENUE, SUITE #200
MIAMI, FL 33133

Mailing Address
2950 S.W. 27TH AVENUE, SUITE #200
MIAMI, FL 33133



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number
65-0981856

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

DATE

9. Capital Contributions
as Shown on record. **\$9,600,000.00**

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 # **P00000004147**
NAME **TCG FORT MYERS, INC.**
STREET ADDRESS **2937 S.W. 27TH AVENUE, SUITE 303**
CITY-ST-ZIP **MIAMI, FL 33133**

STREET ADDRESS

CITY-ST-ZIP

U000000365473
05/11/05-00003-004 526.25

DOCUMENT # **P00000005379**
NAME **FORT MYERS OMNI APARTMENTS, INC.**
STREET ADDRESS **180 N.W. 139TH STREET**
CITY-ST-ZIP **MIAMI, FL 33133**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, typed or printed name of signing GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE