

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED


04 APR 16 PM 4:30

MOH

TALLAHASSEE, FLORIDA

DOCUMENT # A00000001643

1. Entity Name
VELVET OAKS LIMITED PARTNERSHIP



Principal Place of Business: % KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD, FL 33021

Mailing Address: % KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD, FL 33021

2. Principal Place of Business

Mailing Address: *8429 Long Acre Dr.*

Suble. Apt. #, etc.

City & State: *Miramar, FL*

Zip: *33025* Country: *U.S.A.*



03232004 Chg-LP CR2E003 (10/03) *4/16*

4. FEI Number: **65-1051042** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: **KRAMER, ROBERT M**
% KRAMER, GREEN, ZUCKERMAN, KAHN & GREEN
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record: **\$9,900.00**

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 #	SACKS, SIDNEY 3000 ISLAND BOULEVARD, APT. 2903 AVENTURA, FL 33160	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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300034536823
*04/29/04-01012--012 **158.05*

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Shirley Jackson* *4/14/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #