


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000001667					
1. Entity Name LLOYD T. OAKWOOD FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 1345 RED COLT COURT ASTOR, FL 32102			Mailing Address 1345 RED COLT COURT ASTOR, FL 32102		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 02-0609297				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OAKWOOD, GREGORY B 1345 RED COLT COURT ASTOR, FL 32102			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,803,551.00			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 #	P9900006022B			STREET ADDRESS	
NAME	PROPERTY PLUS OF VOLUSIA COUNTY, INC.			CITY-ST-ZIP	
STREET ADDRESS	1345 RED COLT COURT				
CITY-ST-ZIP	ASTOR, FL 32102				000000366801 05/16/05-80007-003 526.25
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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: <i>Guy Belmont</i>				Date: <i>4-29-05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date</small>	

STAPLE CHECK HERE