

# **2007 LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A02000000266

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** THE OAKS HOUSING PARTNERS, LTD.

**Current Principal Place of Business:**

1006 BECKSTROM DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

210 NETTLES LANE  
PONTE VEDRA, FL 32081 US

**Current Mailing Address:**

1006 BECKSTROM DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

247 N WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 75-3034827      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: THE OAKS HOUSING ASSOCIATES, LLC  
Address: 1006 BECKSTROM DRIVE  
City-St-Zip: OVIEDO, FL 32765

**ADDRESS CHANGES ONLY:**

Address: 247 N WESTMONTE DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABBY S. HESMAN

VP

10/08/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date