
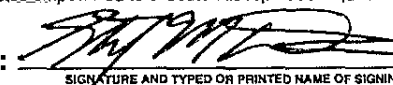


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000357 1. Entity Name HUNTINGTON OAKS OF HILLSBOROUGH CO. LTD.					
Principal Place of Business 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669			Mailing Address 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112005 Chg-LP CR2E003 (10/03)	
4. FEI Number 43-1980759				Applied For 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		
DAVIS, STEFAN 20725 S.W. 46TH AVENUE NEWBERRY, FL 32669			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. \$100.00			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 #	L02000034304		STREET ADDRESS		
NAME	DAVIS HERITAGE-HUNTINGTON OAKS, LLC		CITY-ST-ZIP		
STREET ADDRESS	20725 S.W. 46TH AVENUE				
CITY-ST-ZIP	NEWBERRY, FL 32669				
DOCUMENT #	DAVIS, STEFAN TRUSTEE		STREET ADDRESS		
NAME	20725 S.W. 46TH AVENUE		CITY-ST-ZIP		
STREET ADDRESS	NEWBERRY, FL 32669				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
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: 			Stefan M. Davis		2/24/05 352-472-7773
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE