

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A02000000381

1. Entity Name
EK OAK GROVE PARTNERS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 28 AM 11:27

Principal Place of Business
2665 SOUTH BAYSHORE DRIVE
PENTHOUSE 2A
MIAMI, FL 33133

Mailing Address
2665 SOUTH BAYSHORE DRIVE
PENTHOUSE 2A
MIAMI, FL 33133

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

04212005 Chg-LP CR2E003 (10/03)

4. FEI Number
71-0870890

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
EK OAK GROVE INC.
2665 SOUTH BAYSHORE DRIVE
PENTHOUSE 2A
MIAMI, FL 33133

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. \$1,000.00

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 #	P02000027574	STREET ADDRESS	
NAME	EK OAK GROVE, INC.	CITY - ST - ZIP	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE		
CITY - ST - ZIP	MIAMI, FL 33133		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	100058298571
NAME		CITY - ST - ZIP	08/05/05--01052--022 ***541.25
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100058298571
08/05/05--01052--022 **541.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #