


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

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000612

1. Entity Name
OAK PLAZA ASSOCIATES, LTD.



Principal Place of Business
C/O CRAIG ROBINS
1632 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139

Mailing Address
C/O CRAIG ROBINS
1632 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139



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

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

City & State

City & State

Zip Country

Zip Country

01252005 Chg-LP CR2E003 (10/03)

4. FEI Number
43-1959086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINS, CRAIG
1632 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139

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. \$170,000.00

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 #	P02000043790	STREET ADDRESS	
NAME	OAK PLAZA ASSOCIATES, INC.	CITY-ST-ZIP	
STREET ADDRESS	1632 PENNSYLVANIA AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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)(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: Oak Plaza Associates, Inc. General Partner VP 3/1/05 305-531-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #