


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Jun 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001574</b>	
<b>1. Entity Name</b> THE OAKS LS, LIMITED PARTNERSHIP	

<b>Principal Place of Business</b> 9200 S. DADELAND BLVD SUITE 500 MIAMI FL 33156	<b>Mailing Address</b> 9200 S. DADELAND BLVD SUITE 500 MIAMI FL 33156
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 56-2305255	Applied For Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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SPELMAN, ROBERT E 9200 SOUTH DADELAND BLVD., SUITE 500 MIAMI FL 33156	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

<b>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.</b>
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<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable	<b>DATE</b>
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<b>9. Capital Contributions</b> as Shown on record. \$1,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>	<b>13. ADDRESS CHANGES ONLY</b>
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<b>DOCUMENT #</b> P02000125794	<b>STREET ADDRESS</b>	U00000162599 06/16/04-80001-023 141.25
<b>NAME</b> THE OAKS LS, INC.	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b> 9200 SOUTH DADELAND BLVD., SUITE 500		
<b>CITY-ST-ZIP</b> MIAMI FL 33156		
<b>DOCUMENT #</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>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</b>
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<b>SIGNATURE:</b>  Signature and typed or printed name of signing general partner	<b>Date:</b> 2/10/04 Daytime Phone # 305-670-9700
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STAPLE CHECK HERE