


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

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

DOCUMENT # A02792 1. Entry Name OAK WOOD ASSOCIATES, LTD.			
Principal Place of Business 300 WEST DIXIE AVENUE LEESBURG, FL 34748		Mailing Address 300 WEST DIXIE AVENUE LEESBURG, FL 34748	
2. Principal Place of Business		3. Mailing Address	
Suite Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HABER, FLORA JO 300 WEST DIXIE AVENUE LEESBURG, FL 34748		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 _____ <small>Signature typed or printed name of registered agent and file if applicable</small>			
9. Capital Contributions as Shown on record \$80,000.00		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 #	HABER, FLORA JO	STREET ADDRESS	
NAME	300 WEST DIXIE AVE.	CITY-ST-ZIP	
STREET ADDRESS	LEESBURG, FL		
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)(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: <i>Flora Jo Haber</i>		6-8-04 (352) 787-6700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE



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4. FEI Number 59-1395175 Applied For Not Applicable

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

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06/16/04-80002-002 535.00