2001 UNIFORM BUSINESS REPORT (UBR)

202.50

FILED
01 MAY -1 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0012133 AF

DOCUMENT # A02870

1. Entity Name

OAKDALE PARK, LTD.

Principal Place of Business	Mailing Address
1002 W. 23RD ST., SUITE 400	1002 W. 23RD ST., SUITE 400
~~CALLER BOX 17~~	~~CALLER BOX 17~~
PANAMA CITY FL 32405	PANAMA CITY FL 32405

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1560865 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRY, ROBERT F. 1002 W. 23RD ST. SUITE 400 PANAMA CITY FL 32405	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $15,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #		STREET ADDRESS	
NAME	CHAPMAN, JOSEPH F., III	CITY-ST-ZIP	BK
STREET ADDRESS	1002 W. 23RD ST., #400		
CITY-ST-ZIP	PANAMA CITY FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	105.00 AR
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	8.75 ARSUPP
DOCUMENT #		CITY-ST-ZIP	8.75 CUS
NAME			
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	202.50
DOCUMENT #		STREET ADDRESS	100004243501--5
NAME			05/16/01--01005--001
STREET ADDRESS		CITY-ST-ZIP	**45187.28 ****202.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: Joseph F. Chapman, III — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — 4/26/01 Date — 850/769-8987 Daytime Phone #

CR2E003 (11/00)