2005 LIMITED PARTNERSHIP ANNUAL REPORT

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SIGNATURE.

ND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

Daytime Phone #

Date

Due By May 1, 2005 2005 MAY -2 AM 10: 27 DOCUMENT # A02870 SECRETARY OF STATE TALLAHASSEE, FLORIDA OAKĎALE PARK, LTD. Principal Place of Business Mailing Address 1002 W. 23RD ST., SUITE 400 1002 W. 23RD ST., SUITE 400 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 Chg-LP CR2E003 (10/03) City & State City & State 4. FFI Number Applied For 59-1560865 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIPPIN, LAURETTA J Street Address (P.O. Box Number is Not Acceptable) 1002 W. 23RD ST. **SUITE 400** PANAMA CITY, FL 32405 City Zip Code FL8. 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$15,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT (STREET ADORESS CHAPMAN, JOSEPH F., III 1002 W. 23RD ST., #400 STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP **500055205016** 05/24/05--01085--009 **202,50 DOCUMENT # STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STAPLE CHECK STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREE 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 eath; 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 Toseph F. Chapman, III 4/25/05 (850) 769-8981 SIGNATURE