
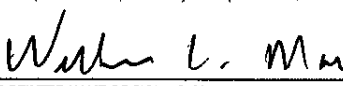


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A03000000050					
1. Entity Name COTTAGES AT OAKLEAF, LTD.					
Principal Place of Business 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257			Mailing Address 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1648785	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, WILLIAM L 3020 HARTLEY ROAD SUITE 300 JACKSONVILLE FL 32257				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600034391596 04/28/04--01025--021 **141.25 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$99.99		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO FL. 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 #	L03000001014		STREET ADDRESS	3020 Hartley Road, Suite 300	
NAME	COTTAGES AT OAKLEAF, LLC		CITY-ST-ZIP	Jacksonville, FL 32257	
STREET ADDRESS	3020 HARTLEY ROAD				
CITY-ST-ZIP	JACKSONVILLE FL 32257				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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NAME			CITY-ST-ZIP		
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: 			March 17, 2004 (904) 260-3030		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 13 PM 1:05



MOORE CR2E003 (11/03)

STAPLE CHECK HERE