2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK

STAPLE

SIGNATURE:

Mar 28, 2006 08:00 AM **Secretary of State DOCUMENT # A03000000764** OXFORD STREET PARTNERS, LTD. Mailing Address Principal Place of Business 222 SOUTH PENNSYLVANIA AVE., STE. 200 222 SOUTH PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789 WINTER PARK, FL 32789 01052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0468023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SALTSMAN, ROBERT P DO NOT WRITE 222 SOUTH PENNSYLVANIA AVE., STE. 200 WINTER PARK, FL 32789 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 U000000482720 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 12. P03000054867 DOCUMENT # NAME OLIVER CHASE COMPANY 222 SOUTH PENNSYLVANIA AVE., STE. 200 STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 DOCUMENT # MAME STREET ADDRESS CITY-57-719 COCUMENT ! DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # MARKE STREET ADDRESS CITY-ST-ZIP GOCHMENT # DAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-SY-ZIP

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it made under oath; that I am a General Partner of the limited partnership or the receiver or trustee employered to execute type report as required by Chapter 620, Florida Statutes

YOFD OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

Daytime Phone 9