

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR -3 AM 9:17

DOCUMENT # A03000001218



1. Entity Name  
 GREAT OAK PROPERTIES OF NORTH FLORIDA, LTD.

Principal Place of Business: 4881 NORTHWEST 8TH AVENUE STE. 2, GAINESVILLE, FL 32605  
 Mailing Address: 4881 NORTHWEST 8TH AVENUE STE. 2, GAINESVILLE, FL 32605

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: P.O. Box 357010  
 Suite, Apt. #, etc.:  
 City & State: Gainesville FL  
 Zip: 32635 Country: 1



02072006 Chg-LP CR2E003 (11/05)

4. FEI Number: 81-0614645 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 KRUEGER, SCOTT DAVID  
 2750 NORTHWEST 43RD STREET STE. 201  
 GAINESVILLE, FL 32606

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	L02000027446	STREET ADDRESS	
NAME	CLOVERLEAF PROPERTIES, LLC	CITY-ST-ZIP	600068091196
STREET ADDRESS	4881 NORTHWEST 8TH AVENUE STE. 2		03/20/06--01012--017 **500.00
CITY-ST-ZIP	GAINESVILLE, FL 32605	STREET ADDRESS	
		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 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 220, Florida Statutes

SIGNATURE: \_\_\_\_\_ DATE: 2-14-06 DAYTIME PHONE #: 352-224-2205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE