


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

<b>DOCUMENT # A03000001218</b>	
1. Entity Name GREAT OAK PROPERTIES OF NORTH FLORIDA, LTD.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9: 58

Principal Place of Business 4881 NORTHWEST 8TH AVENUE STE. 2 GAINESVILLE, FL 32605	Mailing Address PO BOX 357010 GAINESVILLE, FL 32635
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2. Principal Place of Business - No P.O. Box # <i>4343 W Newberry Rd</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Suite 18</i>	Suite, Apt. #, etc.
City & State <i>Gainesville</i>	City & State
Zip <i>FL 32607</i> Country <i>USA</i>	Zip Country

01242007 Chg-LP CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KRUEGER, SCOTT DAVID 2750 NORTHWEST 43RD STREET STE. 201 GAINESVILLE, FL 32606		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, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	L02000027446 CLOVERLEAF PROPERTIES, LLC 4881 NORTHWEST 8TH AVENUE STE. 2 GAINESVILLE, FL 32605	STREET ADDRESS CITY-ST-ZIP	<i>PO Box 357010 Gainesville FL 32635</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>600087876106</b> 02/09/07--01046--026 **500.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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 620, Florida Statutes

**SIGNATURE:** *[Signature]* **DATE:** *1/31/07* **Daytime Phone #:** *352 224 2209*