

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

DOCUMENT # A03000001404

1. Entity Name

OAK RUN COMMUNITY LLLP



FILED
04 JUL -1 AM 9:39
TALLAHASSEE FLORIDA

MMH



MOORE CR2E003 (11/03) 7/1

Principal Place of Business
1017 THOMASVILLE RD., STE. A
TALLAHASSEE FL 32303

Mailing Address
1017 THOMASVILLE RD., STE. A
TALLAHASSEE FL 32303

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

☒ Applied For
☐ Not Applicable

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

REGAN, HAROLD
1017 THOMASVILLE RD., STE. A
TALLAHASSEE FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as shown on record.

\$814,000.00

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 #
NAME PERLMAN, STUART
STREET ADDRESS ~~1015 OAKWOOD DRIVE, STE. 400~~
CITY-ST-ZIP ~~BIRMINGHAM, AL 35202~~

STREET ADDRESS
6110 Rocky Spring Rd.
CITY-ST-ZIP
Bloomfield Hills, MI 48301

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STREET ADDRESS
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CITY-ST-ZIP

\$526.25

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:

Stuart Perlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stuart Perlman

6/24/04

Date

248-258-8820

Daytime Phone #