2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

SIGNATURE:

лие ву мау 1, 2006				rautU	
DOCUMENT # A0300001404 1. Entity Name OAK RUN COMMUNITY LLLP					SEC. TO COSIME DIVIDIO ANIO: 44
Principal Place of Business 1 017-THOMASVILLE-RD., STE. A TALLAHASSEE, FL -32303		Mailing Address 1 017-THOMASVI LLE'RD. , STE. A TA LLAHASSEE, FL-323 03		A	
2. Principal Place of Business 401 5 0KD WOODWARD		3. Mailing Address 401 S. OND WODDWARD Suite, Apt. #, etc.		PWARD	
Suite, Apt. #, etc.		# 470			01102006 Chg-LP CR2E003 (11/05)
City & State BIRMINHAM MCHIGAN		BIRMINHAM MCHIGAN			4. FEI Number APPLIED FOR 38 - 383439 Applied For Not Applicable
47800°	7 Country USA	48000	Cour	SA_	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current F	Registered Agent		Name	7. Name and Address of New Registered Agent
REGAN H	AROLD			Name	
REGAN, HAROLD 1017 THOMASVILLE RD., STE. A TALLAHASSEE, FL 32303				Street Address (I	P.O. Box Number is Not Acceptable)
				City	□ Zip Code
8. The above named entity submits this statement for the purpose of changing its registers					FL
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and tide 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 #			STR	EET ADDRESS	
NAME STREET ADDRESS CITY-ST-ZIP	PERLMAN, STUART 6110 ROCKY SPRING RD BLOOMFIELD HILLS, MI 48201		r-ST-ZIP	9000000000	
DOCUMENT #			STR	EET ADDRESS	900066803849 02/28/0601022004 **500.00
NAME STREET ADDRESS CITY-ST-ZIP	COHN, SIDNEY L 6589 PLEASANT LAKE COURT WEST BLOOMFIELD, MI 48322		CIT	r-ST-ZIP	
DOCUMENT #			STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	r-ST-ZIP	
DOCUMENT # NAME			STR	EET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	r-ST-ZIP	
DOCUMENT # NAME			STR	EET ADORESS	
STREET ADDRESS CITY-ST-ZIP			CIT	(-ST-ZIP	
DOCUMÊNT # NAME			STR	EET ADDRESS	
STREET / DORESS CITY-ST-ZIP			CIT	Y-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					