
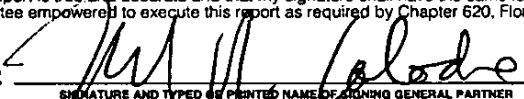


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 2005 MAY -6 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A04000001618 1. Entity Name GREEN OAK HEDGE FUND, LTD.			
Principal Place of Business 9455C BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496		Mailing Address 9455C BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496	
2. Principal Place of Business 8177 West Glades Rd. Suite, Apt. #, etc. 211		3. Mailing Address 8177 West Glades Rd. Suite, Apt. #, etc. 211	
City & State Boca Raton		City & State Boca Raton	
Zip 33434		Country U.S.A.	
4. FEI Number 20-1817135		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLODNE, MARK 8177 WEST GLADES ROAD, SUITE 211 BOCA RATON, FL 33434		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,142,000	
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	L04000074791 GREEN OAK MANAGEMENT, LLC 9455C BOCA GARDENS CIRCLE SOUTH BOCA RATON, FL 33496	STREET ADDRESS CITY-ST-ZIP	8177 West Glades Road #211 Boca Raton, FL 33434
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	700055721057 06/03/05--01059--009 **526.25
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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: 		Date: 4/29/2005	

STAPLE CHECK HERE