


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
2007 MAR 27 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000172	
1. Entity Name OAKS AT SHANNON'S CROSSING LIMITED PARTNERSHIP	

Principal Place of Business 19308 SW 380TH ST. FLORIDA CITY, FL 33034	Mailing Address PO BOX 343529 PANAMA CITY, FL 33034-3529
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 343529
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FLORIDA CITY, FL 33034
Zip	Country U.S.A.



03062007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2297305	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 fee 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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000007008	STREET ADDRESS	
NAME	BENEFICIAL OAKS AT SHANNON'S CROSSING LLC	CITY-ST-ZIP	
STREET ADDRESS	6455 GATEWAY AVE, SUITE A		
CITY-ST-ZIP	SARASOTA, FL 34231		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/03/07--01055--008 **508.75

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: _____ 03/07/07 305-242-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #