
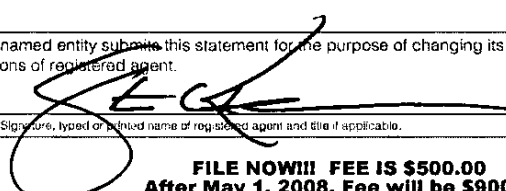
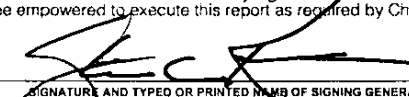


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR -1 PM 1:32

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 FLORIDA CITY, FL 33034		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2297305	
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 STEVEN KIRK Street Address (P.O. Box Number is Not Acceptable) 19308 SW 380th St. City FLORIDA CITY FL Zip Code 33034		
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: 03/19/08					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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	L05000007008 BENEFICIAL OAKS AT SHANNON'S CROSSING LLC 6455 GATEWAY AVE, SUITE A SARASOTA, FL 34231		STREET ADDRESS CITY-ST-ZIP	800121644328 03/31/08--01008--012 **508.75	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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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: 			Date: 3/19/08 (305) 242-2142		

STAPLE CHECK HERE