


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # A0500000207	
1. Entity Name PRESERVES OF OAKWOOD, LTD.	

Principal Place of Business 4233 GLOUCESTER RD BROOKSVILLE, FL 34604 US	Mailing Address 4233 GLOUCESTER RD BROOKSVILLE, FL 34604 US
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DO NOT WRITE IN THIS SPACE



04072007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-2267671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, GLORIA S  
 4233 GLOUCESTER RD  
 BROOKSVILLE, FL 34604

DO NOT WRITE IN THIS SPACE

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 title 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.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	WILLIAMS, GLORIA S
STREET ADDRESS	4233 GLOUCESTER RD
CITY-ST-ZIP	BROOKSVILLE, FL 34604
DOCUMENT #	
NAME	WHITNEY, JOSHUA M
STREET ADDRESS	4233 GLOUCESTER ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34604
DOCUMENT #	
NAME	HANSEN, VANESSA W
STREET ADDRESS	4233 GLOUCESTER ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34604
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000700718  
 04/20/07-80030-011 500.00

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STAPLE CHECK HERE

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: *Gloria S Williams* Date: 4-7-07 Daytime Phone #: 352 384-9619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER