

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

**FILED**  
**Apr 17, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A05000001011**

1. Entity Name  
**OAK COURTS, LTD.**



Principal Place of Business  
**C/O NEWPORT PROPERTY VENTURES LTD.  
3211 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134**

Mailing Address  
**C/O NEWPORT PROPERTY VENTURES LTD.  
3211 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134**



03282007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2996284**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NEWPORT PROPERTY VENTURES, LTD.  
3211 PONCE DE LEON BLVD., SUITE 202  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**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 # **L04000049740**  
NAME **OAK COURTS, LLC**  
STREET ADDRESS **3211 PONCE DE LEON BLVD., SUITE 202**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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04/26/07-80064-002 1050.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Constantine Scurtis* 4-16-07 305-446-0010

STAPLE CHECK HERE