


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 19 AM 8: 22

DOCUMENT # A07000000028	
1. Entity Name OAKS PLAZA, LTD.	

Principal Place of Business 6500 COWPEN ROAD, SUITE 202 MIAMI LAKES, FL 33016	Mailing Address 6500 COWPEN ROAD, SUITE 202 MIAMI LAKES, FL 33016
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

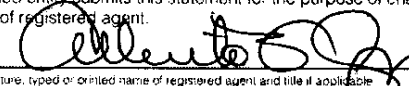


01212008 Chg-LP CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent PETER M. LOPEZ, P.A. 1911 NW 150 AVENUE, SUITE 201 PEMBROKE PINES, FL 33028	7. Name and Address of New Registered Agent Name: Aguiar Gil & Ventura Development, LLC Street Address (P.O. Box Number is Not Acceptable): 6500 Cowpen Rd, #202 City: Miami Lakes FL Zip Code: 33014
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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.

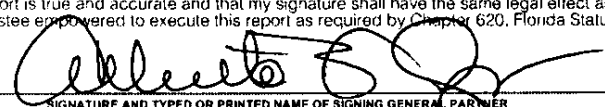
SIGNATURE:  MGRM of 6P DATE: 4/22/08

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 #	L06000106386	STREET ADDRESS	
NAME	AGUIAR GIL & VENTURA DEVELOPMENT, LLC	CITY - ST - ZIP	
STREET ADDRESS	6500 COWPEN ROAD, SUITE 202		
CITY - ST - ZIP	MIAMI LAKES, FL 33016		
DOCUMENT #		STREET ADDRESS	000129486260
NAME		CITY - ST - ZIP	05/14/08--01046--007 **500.00
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STREET ADDRESS			
CITY - ST - ZIP			

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: 4/22/08 305-558 8964

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Alberto M. Aguiar

STAPLE CHECK HERE