
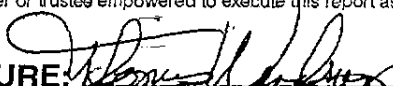


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A09520</b> 1. Entity Name <b>OAK GROVE APARTMENTS, LTD.</b>			
Principal Place of Business <b>613 12TH STREET LEESBURG FL 34748</b>		Mailing Address <b>P.O. BOX 492228 LEESBURG FL 34749</b>	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2046775</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MAGALSKI, BARBARA A 613 12TH STREET LEESBURG FL 34748</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.		11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.	
SIGNATURE Signature typed or printed name of registered agent and title if applicable		DATE	
9. Capital Contributions as Shown on record. <b>\$3,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WINDRAM, THOMAS J</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>840 FAIRVIEW DR.</b>		
CITY-ST-ZIP	<b>MT. DORA FL 32757</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>LOWE, JEAN W</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1467 SPRING LAKE RD</b>		
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>THOMAS WINDRAM</b>		4-5-05 (352) 787-2700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE