


2008 LIMITED PARTNERSHIP-ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT #A10082 1. Entity Name ST. AUGUSTINE OAKS, LTD.	
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Principal Place of Business 8510 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256	Mailing Address 8510 ROYAL LAKES DRIVE JACKSONVILLE, FL 32256
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01142008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

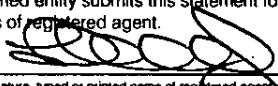
4. FEI Number 59-2241907	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DANIELS, L A JR. 8510 ROYAL LAKES DR. JACKSONVILLE, FL 32256

**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  L.A. DANIELS DATE 1/21/08

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.

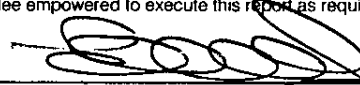
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	BARKER, JAMES M IV
STREET ADDRESS	1820 S.R. 13 #1
CITY-ST-ZIP	JACKSONVILLE, FL 32259
DOCUMENT #	
NAME	DANIELS, L A
STREET ADDRESS	8510 ROYAL LAKES DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000736187
01/23/08-80022-025 500.00

**DO NOT WRITE
IN THIS SPACE**

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:  L.A. DANIELS 1/21/08 904 296 9624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #