## 2004 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

## FILED SECRETARY OF STATE **Due By May 1, 2004** DIVISION OF CORPORATIONS **DOCUMENT # A16878** 04 FEB -9 PM 1:52 RAMBLING OAKS VILLAS, LTD. Principal Place of Business Mailing Address C/O HARTZOG & COMPANY C/O HARTZOG & COMPANY P. O. BOX 787 P. O. BOX 787 EUFAULA, AL 36072 EUFAULA. AL 36072 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (10/03) 01312004 Chg-LP Applied For 4. FEI Number City & State City & State 59-0155620 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAUVEL, HOWARD L Street Address (P.O. Box Number is Not Acceptable) 233 E. RICH AVE. DELAND, FL 32724 Zip Code FL 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 9. Capital Contributions 10. Amount of Capital Contributions \$58,000.00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # STREET ADDRESS MACDONALD, VICTORIA E NAME STREET ADDRESS 3711 SHAMROCK WEST, #N266 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32308 DOCUMENT # 000029298830 <del>02/24/04 01028 010 \*\*\*494.75</del> STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

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