


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A20351</b> 1. Entity Name <b>OAKVIEW ASSOCIATES, LTD.</b>					
Principal Place of Business <b>41 W I-65 SERVICE ROAD, N          3RD FLOOR, COLONIAL BANK CENTRE          MOBILE, AL 36608</b>			Mailing Address <b>P.O. BOX 160306          MOBILE, AL 36616</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01212004    Chg-LP    CR2E003 (10/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>63-0905295</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> <b>CAMPUS, JOSEPH J III          3298 SUMMIT BLVD #18          PENSACOLA, FL 32503-4350</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE <u><i>Joseph J. Campus</i></u> <small>Signature, typed or printed name of registered agent and see if applicable.</small>				<u>4-29-04</u>	
9. Capital Contributions as Shown on record <b>\$800,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date <b>\$800,000.00</b>			
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>GP9800001084          MITCHELL EQUITIES          3298 SUMMIT BLVD #18          PENSACOLA, FL 325034350</b>		STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Joseph J. Campus</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<u>4-29-04</u> <small>Date</small>		
			<small>Daytime Phone #</small>		

STAPLE CHECK HERE