2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # A20351

1. Entity Name
OAKVIEW ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
41 W I-65 SERVICE ROAD, N 3RD FLOOR, COLONIAL BANK CENTRE MOBILE, AL 36608	P.O. BOX 160306 MOBILE, AL 36616

01122005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 63-0905295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAMPUS, JOSEPH J III 3298 SUMMIT BLVD #18 PENSACOLA, FL 32503-4350	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE
Signature, agent's printed name and title if applicable

9. Capital Contributions as Shown on record. $800,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 #	GP9800001084	STREET ADDRESS	
NAME	MITCHELL EQUITIES	CITY-ST-ZIP	
STREET ADDRESS	3298 SUMMIT BLVD #18		
CITY-ST-ZIP	PENSACOLA, FL 325034350		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U00000367362 05/16/05-80033-012 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 4-29-05
MANDATORY: TYPE OR PRINT NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #