2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	Due By	- erann	FILED	A 74==					
1. Entity Nam	MENT # A21029 OAK VILLAS, LTD.				SECRE- DIVISION O	ARY OF OF CORPI		NS	
Principal Place of Business 9020 RANCHO DEL RIO DR., SUITE 127 NEW PORT RICHEY, FL 34655 US		Mailing Address 9020 RANCHO DEL RIO DR., SI NEW PORT RICHEY, FL 34655				131 0 1212 1214 1214	I Fic h O 191: 011	t Alak Alah Alahan Et Jugi	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005 Chg-	_P	CR2E003	(10/03)	
City & State		City & State			4. FEI Number 59-2592558			Applied For Not Applicab	
Zip Country		Zip	Cour	ntry	5. Certificate of Status	Desired	\$8 Fee	.75 Additional Required	
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and Address	of New Regis	stered Age	nt	
DEEB, ALEX R 9020 RANCHO DEL RIO DRIVE, SUITE 125				Street Address (P.O. Box Number is Not Acceptable)					
	T RICHEY, FL 34655				·				
				City			FL	Zip Code	
The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.				red office or regist	tered agent, or both, in the S	tate of Florida		iliar with, and accep	
SIGNATURE									
D. Comited Co.	Signature, typed or printed name of registered as						DATE		
9. Capital Co as Shown		10. Amount of Cap in FLORIDA to		butions					
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS E MAY NOT be changed on	NTITY N	NUST BE REGI	STERED AND ACTIVE Vent must be filed to cha	VITH THIS (OFFICE.	- er.	
12.	GENERAL PARTNER INFORMATION			·	ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	FOREST OAK CORPORATION 9020 RANCHO DEL RIO DR., SUITE 127			Y-ST-ZIP			VA	-	
DOCUMENT #	NEW ON MONEY, P. 240		STR	EET ADDRESS			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
NAME STREET ADDRESS CITY-ST-ZIP			ст	Y-ST-ZIP	7,000	4 <u>5</u> 69	<u> </u>	7	
DOCUMENT #	-		STR	EET ADDRESS	<u> </u>	Ω Ϊ(<u>1</u>117 1	<u>U23 *</u>	*31,18(5	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP			ст	Y-ST-ZIP					
DOCUMENT # NAME			STR	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP			CETY	Y-ST-ZIP					
DOCUMENT / NAME			STR	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP					
the receiv	certify that the information supplied on this report is true and accurate a ver or trustee empowered to execute FOREST, OAK CO	and that my signature shall have this report as required by Cha	e ine sam	ie legal effect as (f made under oath; that I am	a General Pa	artner of the	limited partnership (
SIGNAT	UHE:	an-			<u>1-5-05</u>	727	<u>-376-6</u>	<u>831</u>	