


2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # A22845 1. Entity Name OAK MEADOWS ESTATES, LTD.	
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Principal Place of Business 208 W. ALAMO DRIVE LAKELAND FL 33813-1503	Mailing Address P.O. BOX 5400 LAKELAND FL 33807-5400
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number 59-2691097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARPER, ROBERT F III 208 WEST ALAMO DRIVE LAKELAND FL 33813-1503	
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7. Name and Address of New Registered Agent	
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 typed or printed name of registered agent and title if applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	G99099900008	STREET ADDRESS	
NAME	SUMMIT PROPERTIES	CITY - ST - ZIP	
STREET ADDRESS	208 W. ALAMO DRIVE		
CITY - ST - ZIP	LAKELAND FL 33813-1503		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

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05/15/06-80079-012 500.00

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: _____ **4/20/06** **863-647-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Robert F. Harper, III
Date Daytime Phone #

STAPLE CHECK HERE