

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A22845

1. Entity Name
OAK MEADOWS ESTATES, LTD.



Principal Place of Business
208 W. ALAMO DRIVE
LAKE LAND, FL 33813-1503

Mailing Address
P.O. BOX 5400
LAKE LAND, FL 33807-5400

FILED

2007 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #
1420 S. Florida Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State

4. FEI Number
59-2691097

Applied For
 Not Applicable

Zip
33803

Country
USA

Zip

Country

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

HARPER, ROBERT F III
208 WEST ALAMO DRIVE
LAKE LAND, FL 33813-1503

Name

Street Address (P.O. Box Number is Not Acceptable)

1420 S. Florida Ave

City

Lakeland,

FL

Zip Code
33803

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

Signature, typed or printed name of registered agent and use if applicable.

Robert F. Harper, III

4/9/07

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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**
 NAME **SUMMIT PROPERTIES**
 STREET ADDRESS **208 W. ALAMO DRIVE**
 CITY - ST - ZIP **LAKE LAND, FL 338131503**

STREET ADDRESS **1420 S. Florida Ave.**
 CITY - ST - ZIP **Lakeland, FL 33803**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS
 CITY - ST - ZIP **788102535277**
05/15/07--01045--020 **500.00

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 CITY - ST - ZIP

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:

ROBERT F. HARPER, III

4/9/07

Date

863 647-5554

Daytime Phone #

STAPLE CHECK HERE