


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A23379			
1. Entity Name OAK HAMMOCK ESTATES, LTD.			
Principal Place of Business 208 WEST ALAMO DRIVE LAKELAND FL 33813-1503		Mailing Address P.O. BOX 5400 LAKELAND FL 33807-5400	
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 (10/04)

4. FEI Number 59-2738449		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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 LAKELAND FL 33813-1503		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record \$200.00		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.

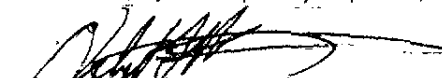
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G99099900008	STREET ADDRESS	
NAME	SUMMIT PROPERTIES	CITY-ST-ZIP	
STREET ADDRESS	208 WEST ALAMO DRIVE		
CITY-ST-ZIP	LAKELAND FL 33813-1503		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STAPLE 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
ROBERT F. HARPER, III

4/14/05 863 647-5554

Date

Daytime Phone #