
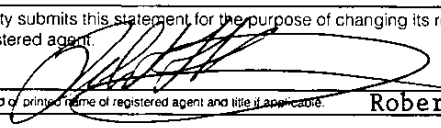
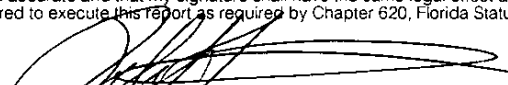


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAY 10 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|---|--|---|
| 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 - No P.O. Box # 1420 S. Florida Ave. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Lakeland, FL | | City & State | |
| Zip 33803 | Country USA | Zip | Country |
| 6. Name and Address of Current Registered Agent HARPER, ROBERT F III 208 WEST ALAMO DRIVE LAKELAND, FL 33813-1503 | | 7. Name and Address of New Registered Agent 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 title if applicable. | | 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 # NAME STREET ADDRESS CITY-ST-ZIP | G99099900008 SUMMIT PROPERTIES 208 WEST ALAMO DRIVE LAKELAND, FL 338131503 | STREET ADDRESS CITY-ST-ZIP | 1420 S. Florida Ave. Lakeland, FL 33803 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 100102535071 05/15/07--01045--019 **500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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| 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 | | 4/9/07 863 647-5554 Date Daytime Phone # | |

STAPLE CHECK HERE