

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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| DOCUMENT # A27988  |  |
| 1. Entity Name<br>OAK FOREST PARTNERS, LTD.                                    |  |
| Principal Place of Business<br>2221 LEE RD., SUITE 28<br>WINTER PARK, FL 32789 | Mailing Address<br>2221 LEE RD., SUITE 28<br>WINTER PARK, FL 32789 |



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| 2. Principal Place of Business<br>650 S. Northlake Blvd<br>Suite, Apt. #, etc.<br>Suite 450<br>City & State<br>Altamonte Springs, FL<br>Zip<br>32701<br>Country<br>USA | 3. Mailing Address<br>650 S. Northlake Blvd<br>Suite, Apt. #, etc.<br>Suite 450<br>City & State<br>Altamonte Springs, FL<br>Zip<br>32701<br>Country<br>USA |
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03312005 Chg-LP CR2E003 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3000269 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br>LECCSE, SALVADOR F<br>2221 LEE RD., SUITE 28<br>WINTER PARK, FL 32789 |
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|---|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>650 S. Northlake Blvd, Suite 450<br>City<br>Altamonte Springs FL Zip Code<br>32701 |
|---|

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.

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| 9. Capital Contributions as Shown on record. \$20,500.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | K67411<br>LECCSE OAK FOREST CORP.<br>2221 LEE RD., SUITE 28<br>WINTER PARK, FL 32789 | STREET ADDRESS<br>CITY - ST - ZIP | 650 S. Northlake Blvd, Suite 450<br>Altamonte Springs, FL 32701 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | STREET ADDRESS<br>CITY - ST - ZIP |   |
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_ 4-6-05 407-645-5575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE