


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR -1 AM 8:25

| | | | | | |
|---|-----------------|---------------------|---|--|--|
| DOCUMENT # A28235 1. Entity Name OAK PARK PARTNERS, LTD. | | | |  | |
| Principal Place of Business 1920 NORTHGATE BLVD., A-9 SARASOTA, FL 34234 | | | Mailing Address 102 N. WARBLER LANE SARASOTA, FL 34236 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0117103 | |
| Zip | | Country | | 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 | |
| SARBAY, EDWARD H. 102 N. WARBLER LANE SARASOTA, FL 34236 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$3,100,000.00 | | | 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 # | NAME | | STREET ADDRESS | | |
| NAME | STREET ADDRESS | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | CITY - ST - ZIP | | | 300050510703 04/12/05 01010 010 **525.25 | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | STREET ADDRESS | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | CITY - ST - ZIP | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | STREET ADDRESS | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | CITY - ST - ZIP | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | STREET ADDRESS | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | CITY - ST - ZIP | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | STREET ADDRESS | | CITY - ST - ZIP | | |
| CITY - ST - ZIP | CITY - ST - ZIP | | | | |
| 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: <i>X</i> EDWARD H. SARBAY | | | Date 3/10/05 <i>X</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | |

STAPLE CHECK HERE