

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

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**

FILED

03 APR 22 AM 8:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0117103		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DUE BY: MAY 1, 2003

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SARBEY, 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 *[Signature]*
Signature, typed or printed name of registered agent and title, if applicable.

3/26/03
DATE

9. Capital Contributions as Shown on record. **\$3,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL DEPT OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	SARBEY, EDWARD H.	STREET ADDRESS	
NAME	102 N. WARBLER LANE	CITY-ST-ZIP	400016673994
STREET ADDRESS	SARASOTA FL 34236		04/22/03--01069--007 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/26/03
Date

Daytime Phone #

0004911 AV