## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2008 Mar 06, 2008 08:00 A **DOCUMENT # A29298** Secretary of State OAK RUN ASSOCIATES, LTD. Principal Place of Business Mailing Address 10983 S.W. 89TH AVENUE 10983 S.W. 89TH AVENUE OCALA, FL 34481-9722 OCALA, FL 34481-9722 02202008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2977066 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent **DEVELOPMENT & CONSTRUCTION CORPORATION OF** DO NOT WRITE **AMERICA** 10983 SW 89TH AVENUE IN THIS SPACE OCALA, FL 34481 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # J17886 **DEVELOPMENT & CONSTRUCTION CORP. OF AMERIC** NAME STREET ADDRESS **10983 SW 89TH AVENUE** CITY-ST-ZIP **OCALA, FL 34481** DOCUMENT # NAME STREET ADDRESS U00000850027 03/21/08-80045-006 500.00 CITY-ST-ZIP NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

14. I hereby certify that the information supplied with this filling 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

STAPLE CHECK

NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

73e11,

Anies