2004 Limited Partnership annual Report Due By May 1, 2004

FILED Apr 23, 2004 08:00 AM Secretary of State

	Č OAKS PARTNERS, LTI	D.				
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address % BROAD & CASSEL P.O. BOX 4961 ORLANDO, FL 32802-4961		 	F ANNI BINNY ANNI BIRNI NYAN AYANNIN DY NAN	
Principal Place of Business 3		3. Mailing Address	3. Mailing Address			
Suite, Apt #, etc.		Surte, Apt #, etc		03262004 Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-2985767	Applied For Not Applicable	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New R	
B & C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVE., #1100 ORLANDO, FL 32801				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
			ĺ	City		FL Zip Code
the above	named entity submits this statement tions of registered agent.	for the purpose of changing i	its registere	d office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered ap-	ent and tide if applicable				DATE
9. Capital Co as Shown	ontributions son record. \$1,192,043.00	10. Amount of Cap in FLORIDA to		utions		
	A GENERAL PARTNER	THAT IS A BUSINESS E	ENTITY M	UST BE REGIST	ERED AND ACTIVE WITH TH	IIS OFFICE.
12.		ER INFORMATION	the form:	; an amendmen	t must be filed to change a go ADDRESS CHA	
DOCUMENT #	A92000000009			T ADDRESS		
STREET ADDRESS	CED CAPITAL HOLDINGS I, LTD., A FL. L.P. 1551 SANDSPUR ROAD		Λιτν	SI-ZIP		
CITY ST ZIP	MAITLAND, FL 32751		GILL	31.21		0136513 -80012-012 526.25
DOCUMENT# NAME			STPE	T ADDRESS	04/23/04	-80012-012 526.25
street adoress City St-Zip			CHTY-	ST - ZIP		
DOCUMENT #			STREE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-	ST-ZIP		
ocument #			SIRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			CITY-	SI ZIP		
DOCUMENT ≠ NAME			STREE	ET ADDRESS		
STREET ADDRESS CITY+ST-71P			CITY -	SI - DP		
DOCUMENT# NAME			STREE	ET ADDRESS		
STREET ADDRESS CITY ST-ZIP			CIFY-	SI ZIP		
Indicated the received	certify that the information supplied we on this report is true and accurate a ver or trustee empowered to execute the confidence of the c	nd that my signature shall hav this report as required by Cha	ve the same apter 620, F	legal effect as if m	nade under oath, that I am a Genera	I further certify that the information all Partner of the limited partnership or 407-741-856b

Michael J. SCHARRIND, Prisident