


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A29933</b> 1. Entity Name <b>OAKWOOD VILLAGE LTD.</b>	
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Principal Place of Business <b>4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607</b>	Mailing Address <b>C/O HALLMARK GROUP 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E003 (10/05)
4. FEI Number <b>59-3006563</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>ADAMS, SUSAN 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE FL 32607</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 CITY-ST-ZIP	<b>M03000001595 HALLMARK GROUP SERVICES OF FLORIDA, LLC 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339</b>	STREET ADDRESS CITY-ST-ZIP	<b>111000004025003 03/21/06-80043-012 508.75</b>
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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: <u>Susan Adams</u>	Date: <u>3-2-06</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Daytime Phone #</small>