




2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 16 AM 9:15

DOCUMENT # A29933 1. Entity Name OAKWOOD VILLAGE LTD.					
Principal Place of Business 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607			Mailing Address C/O HALLMARK GROUP 3111 PACES MILL ROAD, SUITE A-250 ATLANTA, GA 30339		
2. Principal Place of Business - No P.O. Box # 9140 Shady Lane Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Century, FL		City & State		4. FEI Number 59-3006563	
Zip 32535		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, SUSAN 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent 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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000001595		STREET ADDRESS		
NAME	HALLMARK GROUP SERVICES OF FLORIDA, LLC		CITY - ST - ZIP		
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250		CITY - ST - ZIP		
CITY - ST - ZIP	ATLANTA, GA 30339		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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 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: 			1-12-07 770-984-2100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE