
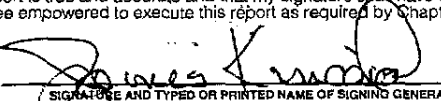


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A33034			
1. Entity Name TWIN OAKS VILLAS, LTD.			
Principal Place of Business 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931		Mailing Address 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01212005	Chg-LP CR2E003 (10/03)
		4. FEI Number 59-3402129	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931		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 this if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,801,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,801,000.00	
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 #	V24984	STREET ADDRESS	
NAME	HERITAGE PARTNRS GRP, INC	CITY-ST-ZIP	
STREET ADDRESS	5505 N. ATLANTIC AVENUE, SUITE 115		
CITY-ST-ZIP	COCOA BEACH, FL 32931		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 119.07(3)(f), 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: 		v.p. of the G.P. 2-4-05 321-799-4090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE