


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A33034</b> 1. Entity Name <b>TWIN OAKS VILLAS, LTD.</b>	
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FILED  
07 MAY 18 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931	5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. # 108	Suite, Apt. #, etc. # 108
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE, SUITE 115 COCOA BEACH, FL 32931	Name	KIN
	Street Address	
	City	55051 COCO

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 James Kincaid  
Signature, typed or printed name of registered agent and title if applicable.

4/20/2007

**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
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### 13. ADDRESS CHANGES ONLY

DOCUMENT #	V24984
NAME	HERITAGE PARTNRS GRP,INC
STREET ADDRESS	5505 N. ATLANTIC AVENUE, SUITE 115
CITY-ST-ZIP	COCOA BEACH, FL 32931

STREET ADDRESS	5505 N Atlantic Ave; #108
CITY - ST - ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

STREET ADDRESS	<del>000103699730</del>
CITY - ST - ZIP	<del>06701/07--01010--008 **580 75</del>

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

STREET ADDRESS	700103701807 06/01/07--01014--008 **508.75
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	He

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: James Kincaid James Kincaid 4/20/2007 321-TT-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #