


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


08 MAY -7 PM 1:50

DOCUMENT # A33034	
1. Entity Name TWIN OAKS VILLAS, LTD.	

Principal Place of Business 5505 N. ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box # ATLANTIS ROAD Suite, Apt. #, etc. 405-B	3. Mailing Address PO BOX 321209 Suite, Apt. #, etc.
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City & State CAPE CANAVERAL, FL	City & State COCOA BEACH, FL
Zip 32920	Zip 32932-1209
Country USA	Country USA



04082008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent KINCAID, JAMES 5505 N. ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 405-B ATLANTIS ROAD City CAPE CANAVERAL FL Zip Code 32920	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 05/07/08--01012--005 **508.75

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	V24984 HERITAGE PARTNRS GRP, INC 5505 N. ATLANTIC AVENUE, SUITE 108 COCOA BEACH, FL 32931	STREET ADDRESS CITY-ST-ZIP	405-B ATLANTIS ROAD CAPE CANAVERAL, FL 32920
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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: James Kincaid James Kincaid 4/22/08 321-799-4090
Signature and typed or printed name of signing general partner Date Daytime Phone #