

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

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.



04082008 Chg-LP CR2E003 (12/06)

City & State
 CAPE CANAVERAL, FL
 Zip
 32920
 Country
 USA

City & State
 COCOA BEACH, FL
 Zip
 32932-1209
 Country
 USA

4. FEI Number
 59-3402129
 Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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

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

DATE

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

DOCUMENT # V24984
 NAME HERITAGE PARTNRS GRP, INC
 STREET ADDRESS 5505 N. ATLANTIC AVENUE, SUITE 108
 CITY-ST-ZIP COCOA BEACH, FL 32931

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 405-B ATLANTIS ROAD
 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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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 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 #

STAPLE CHECK HERE