2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE:

DOCUMENT # A9400000541 04 APR 30 PM 12: 19 OAKS CAMPGROUND, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIOA Principal Place of Business Mailing Address 5551 S.W. 18TH TERRACE BUSHNELL, FL 33513 5551 S.W. 18TH TERRACE BUSHNELL, FL 33513 2. Principal Place of Business 3. Mailing Address 508 LAKE DORA DR. 508 LAKE DORA DR. Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chg-LP CR2E003 (10/03) City & State City & State 4. FÉI Number Applied For TAVARES TAVARES 59-3236928 Not Applicable \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PURSER, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 508 LAKE DORR 30045 JOHNSON POINT ROAD LEESBURG; FL 34748~ ADDRESS CHANGE ONLY Zip Code *多*aファ& TAVARES 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 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$1,275,000.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS 508 LAKE DORA DRIVE PURSER, WILLIAM D TRUSTEE NAME STREET ADDRESS 30045 JOHNSON POINT ROAD CITY - ST - ZIP LEESBÜRG, FL 34748 32778 CITY-ST-ZIP TAYARES FL DOCUMENT # STREET ADDRESS ROSEMARY LANE NAME PURSER, WILLIAM D II STREET ADDRESS ROUTE 3, BOX 164 CITY-ST-ZIP LEESBURG, BUSHNELL, FL 33513 CITY - ST - ZIP 34788 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP <mark>700036483527</mark> /14/04--01061--009 **526,25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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