


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A94000000541 1. Entity Name OAKS CAMPGROUND, LTD.					
Principal Place of Business 508 LAKE DORA DR TAVERES, FL 32778		Mailing Address 508 LAKE DORA DR TAVERES, FL 32778			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3236928	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PURSER, WILLIAM D 508 LAKE DORA DR TAVERES, FL 32778				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For Not Applicable	
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,275,000.00		10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PURSER, WILLIAM D TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	508 LAKE DORA DR				
CITY-ST-ZIP	TAVERES, FL 32778				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	PURSER, WILLIAM D II		CITY-ST-ZIP		
STREET ADDRESS	9838 ROSEMARY LANE				
CITY-ST-ZIP	LEESBURG, FL 34788				
DOCUMENT #	NAME		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)(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					
SIGNATURE: <u>W. D. Purser</u> General Partner			Date: <u>2/15/05</u>		Daytime Phone #: <u>352-343-2968</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



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FL Zip Code

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