


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000000940 1. Entity Name GATLIN OAKS LIMITED PARTNERSHIP	
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Principal Place of Business 100 WEST PINELOCH AVENUE ORLANDO FL 32856-8367	Mailing Address P.O. BOX 568367 ORLANDO FL 32856-8367
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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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 CARUSO, JAMES P 100 WEST PINELOCH AVENUE ORLANDO FL 32856-8367	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

9. Capital Contributions as Shown on record. \$1,052,411.28	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #		STREET ADDRESS	
NAME	CARUSO, JAMES P	CITY-ST-ZIP	000000111187
STREET ADDRESS	100 WEST PINELOCH AVENUE		04/13/04-800005-006 526.25
CITY-ST-ZIP	ORLANDO FL 32856-8367		
DOCUMENT #		STREET ADDRESS	
NAME	CARUSO, AUSTIN A JR.	CITY-ST-ZIP	
STREET ADDRESS	2024 COMPANERO AVENUE		
CITY-ST-ZIP	ORLANDO FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME	CARUSO, STEPHEN M	CITY-ST-ZIP	
STREET ADDRESS	1355 SO. SUMMERLIN AVENUE		
CITY-ST-ZIP	ORLANDO FL 32806		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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:  **4/1/04** **407 895 3550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE