
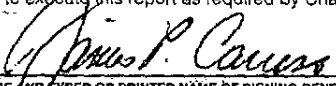


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000940					
1. Entity Name GATLIN OAKS LIMITED PARTNERSHIP					
Principal Place of Business 100 WEST PINELOCH AVENUE ORLANDO, FL 32856-8367			Mailing Address P.O. BOX 568367 ORLANDO, FL 32856-8367		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1678444	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARUSO, JAMES P 100 WEST PINELOCH AVENUE ORLANDO, FL 32856-8367				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,052,411.28			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	CARUSO, JAMES P		CITY-ST-ZIP		
STREET ADDRESS	100 WEST PINELOCH AVENUE				
CITY-ST-ZIP	ORLANDO, FL 328568367				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CARUSO, AUSTIN A JR.		CITY-ST-ZIP		
STREET ADDRESS	2024 COMPANERO AVENUE				
CITY-ST-ZIP	ORLANDO, FL 32804				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CARUSO, STEPHEN M		CITY-ST-ZIP		
STREET ADDRESS	1355 SO. SUMMERLIN AVENUE				
CITY-ST-ZIP	ORLANDO, FL 32806				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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)(1), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			4/20/05 407 859 355		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



01172005 Chg-LP CR2E003 (10/03)

\$8.75 Additional Fee Required

FL

Zip Code

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04/30/05 00036 010 526.25

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