FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

WHITE OAK DEVELOPMENT, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A95000001232

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 SEP 16 AM 10: 49

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Mailing Address P.O. BOX 10232 SARASOTA FL 34278	Principal Office Address 5471 CYNTHIA LANE SARASOTA FL 34235		3. Date Formed or Registered 08/17/1995 3a. Date of Last Report 09/12/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$20,000.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Sulte, Apt. #, etc.			Applied For Not Applicable
City & State	City & State	City & State		\$8.75 Additional
Zip Country	Zip	Zip Country 8. Make check payable to: Dept. of State (See reverse side to		Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
agent. I am familiar with, and accept the obligation of the obliga	e or registered agent, or both, in the State of Fiorid alions of section 620.192, Fiorida Statutes.	Suite, Apt. #, etclity City Limited partnershi e. Such change w	p organized or registered under the laws of the as authorized by its general partner(s). I hereb DATE	y accept the appointment of registered
A GENERAL PARTNER TH	<u>JST BE REGISTERED ANI</u>	O ACTIVE	ARTNERSHIP OR OTHE WITH THIS OFFICE.	
11. Name(s) of General Partner(s)	Address of Each General 11a. (Do NOT Use Post Office Box	Partner 1	1b. City, State & Zip Code	11c. Registration/ Document Number
ANCIENT OAKS, INC.	5471 CYNTHIA LANE		SARASOTA FL 34232	P95 000038201
			00002 -09/24 ****2	6484907 /9801080033 28.75 ****228.75
N. A	OT to show and on this form		durant must be filed to also	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I reliase the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Malloll pres, or AMEOUT DAYS DIK. MANY, GOW. PHOTHER