2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 17 PM 12:46

DOCUMENT # A95000001232

1. Entity Name
WHITE OAK DEVELOPMENT, LTD.

Principal Place of Business	Mailing Address
98 SARASOTA CENTER BLVD. SUITE D SARASOTA, FL 34240	98 SARASOTA CENTER BLVD. SUITE D SARASOTA, FL 34240

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3327426 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCNABB, DAVID 98 SARASOTA CENTER BLVD. SUITE D SARASOTA, FL 34240	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
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $20,000.00

10. Amount of Capital Contributions in FLORIDA to date. 20,000

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 #	P95000038201	STREET ADDRESS	
NAME	ANCIENT OAKS, INC.		
STREET ADDRESS	98 SARASOTA CENTER BLVD. SUITE D	CITY-ST-ZIP	
CITY-ST-ZIP	SARASOTA, FL 34240		
DOCUMENT #		STREET ADDRESS	300029808183
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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: DAVID MCNABB 2/9/04 941-379-2946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #