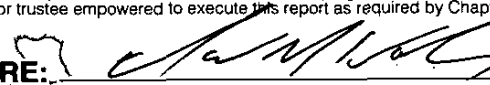


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 16 AM 10:39

DOCUMENT # A95000001232 1. Entity Name WHITE OAK DEVELOPMENT, LTD.					
Principal Place of Business 98 SARASOTA CENTER BLVD. SUITE D SARASOTA, FL 34240			Mailing Address 98 SARASOTA CENTER BLVD. SUITE D SARASOTA, FL 34240		
2. Principal Place of Business 10603 Riverbank Terrace Suite, Apt. #, etc.		3. Mailing Address 10603 Riverbank Terrace Suite, Apt. #, etc.			
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 59-3327426	
Zip 34212		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNABB, DAVID 98 SARASOTA CENTER BLVD. SUITE D SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10603 Riverbank Terrace City Bradenton FL Zip Code 34212	
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.		
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 NAME ANCIENT OAKS, INC. STREET ADDRESS 98 SARASOTA CENTER BLVD. SUITE D CITY-ST-ZIP SARASOTA, FL 34240			STREET ADDRESS 10603 Riverbank Terrace CITY-ST-ZIP Bradenton FL 34212		
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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: 			2/14/05 941-750-6000 Date Daytime Phone #		

STAPLE CHECK HERE