


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000000955		
1. Entity Name OAKS MALL LIMITED		

Principal Place of Business 8556 PALM PARKWAY ORLANDO, FL 32836	Mailing Address 8556 PALM PARKWAY ORLANDO, FL 32836
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent YOUNG, GREGORY E EDWARDS & ANGELL 250 ROYAL PALM WAY, SUITE 300 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. \$3,100,000.00	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 # NAME STREET ADDRESS CITY - ST - ZIP	P95000041343 ELLIV PROPERTY INVESTMENT, INC. 8556 PALM PARKWAY ORLANDO, FL 32836	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		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: *MEENAZ DHANANI* **5/21/03** **1-407-239-9142**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CFR2003 (10/02)



CORPORATION SERVICE COMPANY™

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03 MAY 27 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 107017 81491A

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 935.00

ORDER DATE : May 27, 2003

ORDER TIME : 11:44 AM

ORDER NO. : 107017-005

CUSTOMER NO: 81491A

CUSTOMER: Kathy Kirby, Paralegal
Jones Foster Johnston & Stubbs
Suite 1100
505 South Flagler Drive
West Palm Beach, FL 33401

ANNUAL REPORT FILING

NAME: OAKS MALL LIMITED

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT#1115

EXAMINER'S INITIALS: _____