


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000001112		
1. Entity Name TOM ED OAKLEY FAMILY LIMITED PARTNERSHIP		

FILED

04 JUL 27 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 101 ALTURAS BABSON PARK CUTOFF ROAD LAKE WALES, FL 33853	Mailing Address 2633 EAGLE COURT LAKE WALES, FL 33853
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12649 Tradition Drive Suite, Apt. #, etc.
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City & State Dade City, FL	City & State Dade City, FL
Zip 33525	Country USA



04262004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3374535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MYERS, CORNEAL B 130 E CENTRAL AVENUE LAKE WALES, FL 33853	7. Name and Address of New Registered Agent Name Street Address (P.O., Box, Number, is Not Acceptable) City FL Zip Code
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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. \$7,532,712.00	10. Amount of Capital Contributions in FLORIDA to date. 5,317,136
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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 #	OAKLEY, TOM ED	STREET ADDRESS	12649 Tradition Drive
NAME	2633 EAGLE COURT	CITY-ST-ZIP	Dade City, FL 33525
STREET ADDRESS	LAKE WALES, FL 33853		
CITY-ST-ZIP		STREET ADDRESS	12649 Tradition Drive
		CITY-ST-ZIP	Dade City, FL 33525
DOCUMENT #	OAKLEY, PATRICIA A	STREET ADDRESS	12649 Tradition Drive
NAME	2633 EAGLE COURT	CITY-ST-ZIP	Dade City, FL 33525
STREET ADDRESS	LAKE WALES, FL 33853		
CITY-ST-ZIP		STREET ADDRESS	P.O. Box 4170
		CITY-ST-ZIP	Lake Wales, FL 33859
DOCUMENT #		STREET ADDRESS	400039686474
NAME		CITY-ST-ZIP	07/29/04--01028--014 **526.25
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Patricia A Oakley 4.28.04 352.588-2583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #