

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**


04 JUN 22 AM 9:28

CLERK OF DISTRICT COURT  
 TALLAHASSEE FLORIDA

**MJH**

**DOCUMENT # A96000001217**

1. Entity Name  
 PLANTATION OAKS, LTD.



Principal Place of Business  
 300 INTERNATIONAL PARKWAY, SUITE 270  
 HEATHROW, FL 32746

Mailing Address  
 300 INTERNATIONAL PARKWAY, SUITE 270  
 HEATHROW, FL 32746


2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  
 59-3385386

5. Certificate of Status Desired  \$8.75 Additional Fee Required

04142004 Chg-LP CR2E003 (10/03) 6/22



6. Name and Address of Current Registered Agent

CAHALL, PETER S  
 300 INTERNATIONAL PARKWAY, SUITE 270  
 HEATHROW, FL 32746

7. Name and Address of New Registered Agent

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. \$100.00

10. Amount of Capital Contributions in FLORIDA to date. 100.00

**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	P96000041665 NEWPORT PLANTATION PARTNERS, INC. 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746	STREET ADDRESS CITY-ST-ZIP	300038737493 07/06/04--01029--002 **88.75
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	300038737493 07/06/04--01029--003 **52.50
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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: Peter S. Cahall 4/14/04 (407)333-2905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #