

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

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