


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
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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



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

4. FEI Number 59-3385386	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

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
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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	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 #