


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

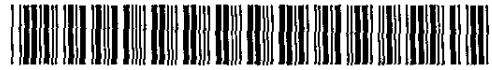
FILED
May 11, 2005 08:00 AM
Secretary of State

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

3. Mailing Address
 Suite, Apt. #, etc

City & State

Zip Country

04142005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3385386

Applied For
 Not Applicable

5. Certificate of Status Desired \$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

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

DOCUMENT #	P96000041665
NAME	NEWPORT PLANTATION PARTNERS, INC.
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 270
CITY-ST-ZIP	HEATHROW, FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	UN0000366036 05/11/05-80026-018 141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 Date 4/14/05 Daytime Phone # (407) 333-2905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER