


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001217

1. Entity Name
PLANTATION OAKS, LTD.



Principal Place of Business Mailing Address

300 INTERNATIONAL PARKWAY, SUITE 270 **300 INTERNATIONAL PARKWAY, SUITE 270**
HEATHROW, FL 32746 **HEATHROW, FL 32746**



DO NOT WRITE IN THIS SPACE

04252006 No Chg-LP CR2E003 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000041665 NEWPORT PLANTATION PARTNERS, INC. 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746
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05/16/06-80004-018 500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James M Campisi 4/25/06 (407) 333-2905

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