


**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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U00000554796  
 05/16/06-80004-018 500.00

**DO NOT WRITE IN THIS SPACE**

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 #