2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

SIGNATURE:

Mar 26, 2004 08:00 AM Secretary of State **DOCUMENT # A97000000286** 1. Entity Name OAKLAND CENTER ASSOCIATES, LTD. Principal Place of Business Mailing Address 580 VILLAGE BLVD., SUITE 300 580 VILLAGE BLVD., SUITE 300 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 65-0704537 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DENHOLTZ, STEWART F Street Address (P.O. Box Number is Not Acceptable) 580 VILLAGE BLVD., SUITE 300 WEST, PALM BEACH, FL 33409 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$1,600,000.00 in FLORIDA to date. 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 filled to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P96000094077 DOCUMENT # STREET ADDRESS NAME DENZAR COMMERCE, INC. 580 VILLAGE BLVD., SUITE 300 STREET ADDRESS C174-\$1-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33409 .00000104283 ---04-6003-009 526. DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CRTY-ST-ZIP City-St-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CitY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CETY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

561-242-0100

Daytime Phone #