

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT# A97000001076	
1. Entity Name OAKSATLAKEMARY, LTD.	

Principal Place of Business 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714	Mailing Address 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714
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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



04012004 Chg-LP CR2E003(10/03)

6. Name and Address of Current Registered Agent LAFRENIERE, STEPHEN J 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 date if applicable

9. Capital Contributions as Shown on record. \$196,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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AGENERAL 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#	P97000041883	STREET ADDRESS	
NAME	OLMOF CENTRAL FLORIDA, INC.	CITY - ST - ZIP	000000114884 04/16/04-80006-003 526.25
STREET ADDRESS	921 DOUGLAS AVENUE SUITE 200	STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714	CITY - ST - ZIP	
DOCUMENT#		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS		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 the receiver or trustee empowered to execute this report is required by Chapter 620, Florida Statutes.

SIGNATURE:  **STEPHEN J. LAFRENIERE** 4/9/04 (407) 786-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone#

STAPLE CHECK HERE