2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT# A97000001076

1. EntityName
OAKSATLAKEMARY,LTD.

PrincipalPlaceofBusiness	MailingAddress
921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714	921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714

04192005 Chg-LP CR2E003(10/03)

2. PrincipalPlaceofBusiness	3. MailingAddress
Suite,Apt #,etc.	Suite,Apt #,etc
City&State	City&State
Zip / Country	Zip / Country

4. FEINumber 59-3447021 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
LAFRENIERE,STEPHENJ 921DOUGLASAVE.,STE.200 ALTAMONTESPRINGS,FL32714	Name StreetAddress (P.O BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida Iamfamiliarwith,andaccept theobligationsofregisteredagent

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable

9. CapitalContributions asShownonrecord.	10. AmountofCapitalContributions inFLORIDAtodate.
$196,000.00	

AGENERALPARTNERTHATISABUSINESSENTITYMUSTBEREGISTEREDANDACTIVEWITHTHISOFFICE.
NOTE: GeneralPartnersMAYNOTbechangedontheform; anamendmentmustbefiledtochangeageneralpartner.

12. GENERALPARTNERINFORMATION		13. ADDRESS CHANGESONLY	
DOCUMENT#	P97000041883	STREETADDRESS	
NAME	OLMOFCENTRALFLORIDA,INC.	CITY-ST-ZIP	
STREETADDRESS	921DOUGLASAVENUESUITE200		
CITY-ST-ZIP	ALTAMONTESPRINGS,FL32714		
DOCUMENT#		STREETADDRESS	
NAME		CITY-ST-ZIP	000000347727
STREETADDRESS			04/30/05-80128-004 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes Ifurthercertifythattheinformation indicatedonthisreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;tha tIamaGeneralPartnerofthelimitedpartnershipor thereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter620.FloridaStatutes

SIGNATURE: _____ STEPHEN J. LAFRENIERE 4/19/05 (407) 786-4001
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGGENERALPARTNER Date DaytimePhone#