

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A97000001076

1. Entity Name
 OAKS AT LAKE MARY, LTD.



FILED
 06 MAY -1 PM 1:48
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

Mailing Address
 921 DOUGLAS AVE., STE. 200
 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business
 1180 Spring Centre S. Blvd
 Suite, Apt. #, etc.
 Suite 102

3. Mailing Address
 1180 Spring Centre S. Blvd
 Suite, Apt. #, etc.
 Suite 102



01032006 Chg-LP CR2E003 (11/05)

City & State
 Altamonte Springs, FL

City & State
 Altamonte Springs

4. FEI Number
 59-3447021

Applied For
 Not Applicable

Zip
 32714

Country
 U.S.A.

Zip
 32714

Country
 U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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
 LaFreniere, Stephen J.

Street Address (P.O. Box Number is Not Acceptable)

1180 Spring Centre S. Blvd.

Suite 102

City
 Altamonte Springs

FL

Zip Code
 32714

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 Stephen J. LaFreniere

4/19/06

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000041883
 NAME OLM OF CENTRAL FLORIDA, INC.
 STREET ADDRESS 921 DOUGLAS AVENUE SUITE 200
 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

STREET ADDRESS 1180 Spring Centre S. Blvd # 102
 CITY-ST-ZIP Altamonte Springs, FL 32714

DOCUMENT #
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STREET ADDRESS
 CITY-ST-ZIP

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: Stephen J. LaFreniere

4/19/06

(407) 786-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE