## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED DOCUMENT # A97000001076 2007 APR 23 AM 10: 48 OAKS AT LAKE MARY, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1180 SPRING CENTRE S. BLVD, SUITE 102 1180 SPRING CENTRE S. BLVD, SUITE 102 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 59-3447021 Not Applicable Zip Country Zip. Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 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 ALTAMONTE SPRINGS, FL 32714 Zip Code FI 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, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY P97000041883 DOCUMENT # STREET ADDRESS NAME OLM OF CENTRAL FLORIDA, INC. STREET ADDRESS 1180 SPRING CENTRE S. BLVD, SUITE 102 CITY-ST-7IP 700101352457 <del>85/83/87--81817--815 \*\*500.00</del> CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 acclurate 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 employered to execute his report as required by Chapter 620, Florida Statutes

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

DOCUMENT #

NAME STREET ADDRESS

Stephen J. La Freniere

(401)-186-4001