## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

STAPLE CHECK HERE

## FILED Apr 22, 2008 08:00 AM Secretary of State

| DOCUMENT # A9700001076 Cettor Name OAKS AT LAKE MARY, LTD.    Mailry Acdress   Mailry Acdre |  | Due by II  | ay 1, 2000                                    |              |                       | _   | Ahi   | 22, 2000 00                       | V.UU         |
|--|--|--|---|--------------|-----------------------|---|---|-----------------------------------|--------------|
| 1885 SPRING CENTRES & BLVD SUITE 102   ALTAMONTE SPRINGS FL 32714   ALTA   | 1. Entity Name   |  |   |              |                       | Secretary of Stat                         |   |                                   |              |
| 1885 SPRING CENTRES & BLVD SUITE 102   1880 SPRING CENTRES & BLVD SUITE 102   1032098   ChgL.P.   CR2E003 (12/06)        | Principal Pla  | on of Business                                       | Mailing Address                               |              |                       | 1   |   |                                   |              |
| Solite, Apf. 4, etc.   Appliest For Esp. 3447021   Solite, Applicable For Sp. 3447021   Solite, Applicable    | 1180 SPRING CENTRE S. BLVD, SUITE 102 1180 SPRING CENTRE S.    |  |   |              |                       | 1 1091011 1010 11                         | rın 16811 28111 88111 88                          |                                   | <b>188</b> 1 |
| City & State   | Principal Place of Business - No P.O. Box # 3. Mailing Address |  |   |              |                       |   |   |                                   |              |
| The Applicable   The County     | Suite, Apt   | . #, etc.  | Suite, Apt. #, etc.                           |              | 01032008              | Chg-LP                                    | CR2E003 (12/06)                                   |                                   |              |
| S. Certificate of Status Descrete   Fee Required    | City & State   |  | City & State                                  |              |                       |   | <del>                                      </del> |                                   |              |
| Name   | Zφ   |  | ,   | Cour         | ntry                  |   |   | Fee Required                      | ıl           |
| LAFRENIERE, STEPHEN J 1100 SPRINGS, FL 32714  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are not approached by the obligations of registered agent are not approached.    City   FL   Zip Code  |  | 6. Name and Address of Current                       | Registered Agent                              |              |                       | 7. Name and A                             | ddress of New F                                   | Registered Agent                  |              |
| 6. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Porida. I am familiar with, and accept the obligations of registered agent.    Signature   Signatur | 1180 SPRING CENTRE S. BLVD, SUITE 102                          |  |   |              |                       |   |   |                                   |              |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.  SIGNATURE    Province trace of printed remote for explained agent and the 4 applicable   DAT  |  |  |   |              | City                  |   |   | FL Zip Code                       | -            |
| FILE NOW!!! FEE IS \$500.00  After May 1, 2008, 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 filled to change a general partner.**  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME  CITY-ST-ZP  DOCUMENT / IS 80 PRINGS CHATRES, BLVD, SUITE 102  ALTAMONTE SPRINGS, FL 32714  STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZP  CITY-ST-ZP  CITY-ST-ZP  DOCUMENT / NAME  STREET ADDRESS  CITY-ST-ZP  |  |  | or the purpose of changing                    | its register | ed office or register | red agent, or both                        | , in the State of Flo                             | · -                               | ccept        |
| 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.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT / NAME SIRET ADDRESS OLM OF CENTRAL FLORIDA, INC. 1180 SPRING CENTRE S. BLVD, SUITE 102 ALTAMONTE SPRINGS, FL 32714  STREET ADDRESS OLTY-ST-2P  DOCUMENT / NAME SIRET ADDRESS OLTY-ST-2P  | SIGNATURE  | Signature, typed or printed name of registered agent | and title if applicable                       |              |                       |   | 11.00.0   | 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 filed to change a general partner.  GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  P97000041883 OLM OF CENTRAL FLORIDA, INC. 1180 SPRING CENTRE S. BLVD, SUITE 102 ALTAMONTE SPRINGS, FL 32714  DOCUMENT / NAME SIREET ADDRESS CITY-ST-2P  DOCUMENT / ST-2P  SIREET ADDRESS CITY-ST-2P   |  | FILE NO  | W!!! FEE IS \$500.00<br>2008, Fee will be \$9 | 00.00        |                       |   |   |                                   |              |
| DOCUMENT / NAME   STREET ADDRESS   CITY-ST-ZIP   DOCUMENT / NAME   STREET ADDRESS      |  | A GENERAL PARTNER                                    | THAT IS A BUSINESS E                          | NTITY M      |                       |   |   |                                   |              |
| NAME SIREET ADDRESS (ITY-ST-ZIP) ODCUMENT / NAME SIREET ADDRESS (ITY-ST-ZIP)   | 12.  | GENERAL PARTNE                                       | RINFORMATION                                  | 13.          |                       |   | ADDRESS CH  | ANGES ONLY                        |              |
| STREET ADDRESS   1180 SPRING CENTRE S. BLVD, SUITE 102   CITY-ST-ZIP   |  | 1  | 10  | STR          | EET ADDRESS           |   |   |                                   |              |
| NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT I NAME STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS   | 1180 SPRING CENTRE S. BLVD, SUITE 102                |   | CITY         | '-ST-ZIP              | U00000914185<br>05/08/08-80046-009 500.00 |   |                                   |              |
| SIREET ADDRESS CITY-ST-ZIP  DOCUMENT / MANE SIREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / MANE SIREET ADDRESS CITY-ST-ZIP  DOCUMENT / MANE SIREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / MANE SIREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  DOCUMENT / MANE SIREET ADDRESS CITY-ST-ZIP   |  |  |   | STR          | EET ADDRESS           |   |   |                                   |              |
| NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  | STREET ADDRESS   |  |   | CITY         | - ST- ZIP             |   |   |                                   |              |
| CITY-ST-ZIP  DOCUMENT / NAME STREET ADDRESS CITY-S1-ZIP  CITY-S1-ZIP  CITY-S1-ZIP  CITY-S1-ZIP  CITY-S1-ZIP  CITY-S1-ZIP  CITY-S1-ZIP  CITY-ST-ZIP  |  |  |   | STRE         | EET ADDRESS           |   |   |                                   |              |
| NAME STREET ADDRESS CITY-ST-ZIP  COCUMENT / NAME STREET ADDRESS CITY-ST-ZIP  | CITY-ST-ZIP  |  |   | CITY         | -ST-ZIP               |   |   |                                   |              |
| CITY-ST-ZIP   | NAME   |  |   | STRE         | EET ADDRESS           |   |   |                                   |              |
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| CITY-ST-ZIP  COCUMENT I  DOCUMENT I  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP   | NAME   |  |   | STRE         | ET ADDRESS            |   |   |                                   |              |
| NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP  | CITY-ST-ZIP  |  |   | CITY         | - ST- ZIP             |   |   |                                   |              |
| CITY-ST-ZIP CITY-ST-ZIP  | NAME   |  |   | SIRE         | ET ADDRESS            |   |   |                                   |              |
|  | CITY-ST-ZIP  | Certify that the information supplied wit            | h this filing does not qualify                |              |                       | d in Chanter 110                          | Florida Statutes                                  | Liurther certify that the informa | ation        |

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER