


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A97000002768</b> 1. Entity Name <b>LINKSCORP FLORIDA OAKS, LTD.</b>	
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Principal Place of Business <b>1500 OAKS BLVD. KISSIMMEE, FL 34746</b>	Mailing Address <b>2201 WAUKEGAN ROAD, SUITE W-100 BANNOCKBURN, IL 60015-1577</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address <b>540 Lake Cook Rd. Suite 150 Deerfield, IL 60015</b> City & State Zip Country
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04052004 Chg-LP CR2E003 (10/03)

4. FEI Number <b>36-4204077</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 title if applicable.

9. Capital Contributions as Shown on record. <b>\$300,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>M00000002139 LINKSCORP, L.L.C. 2201 WAUKEGAN ROAD, STE. W-100 BANNOCKBURN, IL 600151577</b>	STREET ADDRESS CITY-ST-ZIP	<b>540 Lake Cook Rd. Suite 150 Deerfield, IL 60015</b>
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>800036059148 05/11/04 01056 002 **526.25</b>
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1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date: <b>4/14/04</b>	Daytime Phone #: <b>847.405.6700</b>
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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