2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A98000000141

1. Entity Name
OASIS DEVELOPMENT, LTD.

FILED
06 MAY -1 AM 8:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
9553 HARDING AVE., #308 SURFSIDE, FL 33154	P.O. BOX 545867 SURFSIDE, FL 33154

04042006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business	3. Mailing Address
260 Crandon Blvd	P.O. Box 1373
Suite, Apt. #, etc.: 8	Suite, Apt. #, etc.
City & State: Key Biscayne, Fl.	City & State: Key Biscayne, Fl.
Zip: 33149 Country:	Zip: 33149 Country: USA

4. FEI Number 65-0808477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMBERGER, HANS
9553 HARDING AVE. SUITE 308
SURFSIDE, FL 33154

7. Name and Address of New Registered Agent

Name: Baumberger, Hans
Street Address (P.O. Box Number is Not Acceptable): 260 Crandon Blvd #8
City: Key Biscayne FL Zip Code: 33149

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.

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 #	P98000004354	STREET ADDRESS	260 Crandon Blvd #8
NAME	CHAPS INVESTMENTS, INC.	CITY-ST-ZIP	Key Biscayne, Fl. 33149
STREET ADDRESS	9553 HARDING AVE., #308		
CITY-ST-ZIP	SURFSIDE, FL 33154		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ Hans Baumberger 4/28/06 305 867 8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #