

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

**DOCUMENT # A98000000141**

1. Entity Name  
**OASIS DEVELOPMENT, LTD.**



**FILED**

**2007 APR 30 AM 10:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**260 CRANDON BLVD., 8  
KEY BISCAYNE, FL 33149**

Mailing Address  
**P.O. BOX 1373  
KEY BISCAYNE, FL 33149**



2. Principal Place of Business - No P.O. Box #  
**1401 Brickell Ave**

3. Mailing Address

Suite, Apt. #, etc.

**320**

Suite, Apt. #, etc.

04302007 Chg-LP CR2E003 (12/06)

City & State

**Miami, FL**

City & State

4. FEI Number

**65-0808477**

Applied For

Not Applicable

Zip

**33131**

Country

**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMBERGER, HANS  
260 CRANDON BLVD., 8  
KEY BISCAYNE, FL 33149**

Name

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

**1401 Brickell Ave #320**

City

**Miami**

**FL**

Zip Code

**33131**

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

Signature, typed or printed name of registered agent and title if applicable

**Hans Baumberger**

**4/26/07**

DATE

**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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000004354**  
NAME **CHAPS INVESTMENTS, INC.**  
STREET ADDRESS **260 CRANDON BLVD., 8**  
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

STREET ADDRESS **1401 Brickell Ave #320**  
CITY-ST-ZIP **Miami, FL 33131**

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Hans Baumberger**

Date

Daytime Phone #

**305  
3653673**

STAPLE CHECK HERE