


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # A98000000591 1. Entity Name OAKS TRAIL ASSOCIATES, LTD.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR 15 PM 3:48

Principal Place of Business 2937 S.W. 27TH AVENUE, SUITE 303 MIAMI FL 33133	Mailing Address 2937 S.W. 27TH AVENUE, SUITE 303 MIAMI FL 33133
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MOORE CR2E003 (11/03)

2. Principal Place of Business 2950 S.W. 27th AVE Suite, Apt. #, etc. 200 City & State Miami, FL Zip 33133	3. Mailing Address 2950 S.W. 27th AVE Suite, Apt. #, etc. 200 City & State Miami, FL Zip 33133
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4. FEI Number 65-0816134	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, PATRICIA K STEARNS, WEAVER, MILLER, WEISSLER ALHADEFF 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 05/10/04--01030--002 **526.25 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. \$7,202,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # P98000020181 NAME OAKS TRAIL, INC. STREET ADDRESS 2937 S.W. 27TH AVENUE, SUITE 303 CITY-ST-ZIP MIAMI FL 33133	STREET ADDRESS CITY-ST-ZIP
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14. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE