#### 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

### DOCUMENT # A98000000591

OAKS TRAIL ASSOCIATES, LTD.



Principal Place of Business

2950 S.W. 27TH AVENUE, SUITE 200

MIAMI, FL 33133

Mailing Address

2950 S.W. 27TH AVENUE, SUITE 200

MIAMI, FL 33133

# **FILED** May 01, 2006 08:00 AN Secretary of State

#508.75



### DO NOT WRITE IN THIS SPACE

01172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0816134

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

## DO NOT WRITE IN THIS SPACE

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 II 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P98000020181 OAKS TRAIL, INC. 2937 S.W. 27TH AVENUE, SUITE 303 MIAMI, FL 33133	
DOCUMENT / NAME STREET ADDRESS CITY-ST-IJP		UDDOOD554747 05/16/06-80006-017 508.75
DOCUMENT # NAME STREET ADDRESS GTY-ST-ZIP		DO NOT WRITE
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS		

portied with this fifth does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information project 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 becaute this report as required by Chapter 620, Florida Statutes I hereby certify that the information se indicated on this report is rue and act or the receiver or trustee

SIGNATURE:

CITY-ST-ZIP

STAPLE CHECK HERE

UNG SENERAL PARTNER

Daytime Phone # Date