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

STAPLE CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

## FILED Due By May 1, 2004 DOCUMENT # A99000000512 2004 APR 22 PH 3: 50 1. Entity Name LLC OAK HILLS ASSOCIATES LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7900 GLADES RD., SUITE 610 7900 GLADES RD., SUITE 610 BOCA RATON, FL 33434 BOCA RATON, FL 33434 3. Mailing Address 2. Principal Place of Business 201 Alhambra Suite, Apt. #, etc. Suite, Apt. #, etc. 04072004 Chg-LP CR2E003 (10/03) Suite 601 oral Gables, 4. FEI Number City & State Applied For 65-0938606 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, DAVID Street Address (P.O. Box Number is Not Acceptable) 7900 GLADES ROAD, SUITE 610 BOCA RATON, FL 33434 Zip Code 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 DATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,000,000.00 in FLORIDA to date. \$ 2,000,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L02000029881 DOCUMENT # STREET ADDRESS KINGS OAK HILL REALTY, LLC NAME 201 ALHAMBRA CIR, STE 601 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP DOCUMENT # STREET ADDRESS <u>900036061019</u> 05/11/04--01041--023 \*\*\$26.25 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAN.E STRÊET ADDRESS CITY+ST-ZIP CITY:-ST-7IP 14. I hereby certify that the information surplied 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 empowers to be execute this report as required by Chapter 620, Florida Statutes

Paul A. Lester as Authorized Representative for Kings Dak Hill Realty