


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000001162 1. Entity Name WHITE OAK INVESTMENT LIMITED PARTNERSHIP	
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FILED

2004 APR 23 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02232004 Chg-LP CR2E003 (10/03)

Principal Place of Business 200 LAKE AVE. NE, UNIT 506 LARGO, FL 33771		Mailing Address 200 LAKE AVE. NE, UNIT 506 LARGO, FL 33771	
2. Principal Place of Business 216 PALM ISLAND S.W.		3. Mailing Address 216 PALM ISLAND S.W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLEARWATER		City & State CLEARWATER	
Zip 33767	Country PINELLAS	Zip 33767	Country PINELLAS
4. FEI Number 59-3590627		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERNANDEZ, LINDA 216 PALM ISLAND SW CLEARWATER, FL 33767		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700035821307 City FL Zip Code 05/07/04 01075-006 ##526.25	
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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. \$3,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	NAME	STREET ADDRESS	216 PALM ISLAND S.W.
NAME	DAVIS, ELEANOR M	CITY-ST-ZIP	CLEARWATER, FL 33767
STREET ADDRESS	200 LAKE AVE. NE, UNIT 506	STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	700035821307
DOCUMENT #		STREET ADDRESS	05/10/04--01075--006 ##526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Eleanor M. Davis Eleanor M. Davis 4/22/04 (727) 461-1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE