

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

193

DOCUMENT # B05000000286 1. Entity Name OAK COURTS ACQUISITION L.P.				 SEC. OF STATE DIVISION OF CORPORATIONS 06 FEB 20 AM 11:10	
Principal Place of Business C/O NEWPORT PROPERTY APARTMENT VENTUR 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134		Mailing Address C/O NEWPORT PROPERTY APARTMENT VENTUR 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E003 (10/05)	
City & State		City & State		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">20-2961356</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">Applied For</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px;">Not Applicable</div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCURTIS, CONSTANTINE 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <div style="float: right;"><small>DATE</small></div>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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 #	L05000049740			STREET ADDRESS	
NAME	OAK COURTS, LLC			CITY-ST-ZIP	
STREET ADDRESS	3211 PONCE DE LEON BLVD., SUITE 202				
CITY-ST-ZIP	CORAL GABLES FL 33134				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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:				Date: 01/25/06 Daytime Phone #: (305) 446-0000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE