


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

FILED

2004 APR 26 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # B96000000011		
1. Entity Name OAKHILL PLAZA ASSOCIATES, LTD.		

Principal Place of Business 1009 E. 14 STREET BROOKLYN, NY 11230	Mailing Address 1009 E. 14 STREET BROOKLYN, NY 11230
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2. Principal Place of Business 60 Broad Street Suite, Apt. #, etc. 3503 City & State New York NY Zip 10004 Country USA	3. Mailing Address 60 Broad Street Suite, Apt. #, etc. 3503 City & State New York NY Zip 10004 Country USA
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02192004 Chg-LP CR2E003 (10/03)

4. FEI Number 11-3297886	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent JOSEPH, JERRY 100 GOLDEN ILES DRIVE, SUITE 1204 HALLANDALE, FL 33009	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200036279972 05/14/04--01003--020 **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. \$500,000.00	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 CITY-ST-ZIP	F02000003204 OAKHILL PLAZA INC 1009 EAST 14TH STREET BROOKLYN, NY 11230	STREET ADDRESS CITY-ST-ZIP	60 Broad Street Suite 3503 New York, NY 10004
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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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/04  
Date

212 668 0101  
Daytime Phone #

STAPLE CHECK HERE