


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # B98000000008		
1. Entity Name ZEPHYR HILLS OAKVIEW LIMITED PARTNERSHIP		

Principal Place of Business 49 WHITE OAK ROAD, SUITE 100 FREDERICKSBURG VA 22405	Mailing Address 49 WHITE OAK ROAD, SUITE 100 FREDERICKSBURG VA 22405
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 54-1872530	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOHNSON, LEONARD H ESQUIRE 37837 MERIDIAN AVENUE, SUITE 314 DADE CITY FL 33525		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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$340,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F98000000045	STREET ADDRESS	
NAME	ZEPHYR HILLS COMPANY, INC.	CITY-ST-ZIP	
STREET ADDRESS	49 WHITE OAK ROAD, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA 22405	CITY-ST-ZIP	U00000094917 03/24/04-80012-002 526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Ann A. Bowman **Ann A. Bowman, Secretary** 2/19/04 540-373-6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE