


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # B98000000696		
1. Entity Name OAKRIDGE PLAZA PARTNERS, LTD.		

Principal Place of Business 250 N. WESTLAKE BLVD., STE. #240 THOUSAND OAKS CA 91362	Mailing Address 250 NORTH WESTLAKE BLVD., SUITE 240 THOUSAND OAKS CA 91362
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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

FILED
2005 APR 28 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent SCOTT CROSSMAN 2464 E. MICHIGAN STREET ORLANDO FL 32806				7. Name and Address of New Registered Agent Name <u>Pauline Pappas</u> Street Address (P.O. Box Number is Not Acceptable) <u>7211 1st Avenue South</u> City <u>St. Petersburg</u> <u>FL</u> Zip Code <u>33707</u>	
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 <u>Pauline Pappas</u> <u>Pauline Pappas</u> <u>4/22/05</u> <small>Signature, typed or printed name of registered agent and title if applicable DATE</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	

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 #	P98000101544	STREET ADDRESS	
NAME	SSIC, INC.	CITY-ST-ZIP	
STREET ADDRESS	250 N. WESTLAKE BLVD., SUITE 240		
CITY-ST-ZIP	THOUSAND OAKS CA 91362		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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: STUART SCHNEIDER 4-20-05 805-777-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE