


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90067 016 \*\*\*\*61.25

|   |                     |  |   |  |  |
|---|---------------------|--|---|--|--|
| <b>DOCUMENT # 700905</b>  |                     |  |   |                 |  |
| 1. Entity Name<br>DOWNTOWN LAKE LAND PARTNERSHIP, INC.  |                     |  |   |  |  |
| Principal Place of Business<br>P.O. BOX 3499<br>LAKE LAND, FL-33802   |                     | Mailing Address<br>P.O. BOX 3499<br>LAKE LAND, FL 33802                          |   |  |  |
| 2. Principal Place of Business  |                     | 3. Mailing Address   |   | 01052004 Chg-NP CR2E037 (10/03)  |  |
| Suite, Apt. #, etc.   |                     | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                     | City & State   |   |  |  |
| Zip   | Country             | Zip  | Country   | 4. FEI Number<br><b>NOT APPLICABLE</b>   | Applied For<br>Not Applicable  |
| 6. Name and Address of Current Registered Agent   |                     |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b> |  |
| HALLOCK, DAVID D JR.<br>LANE, TROHN, BERTRAND & VREELAND, P.A.<br>ONE LAKE MORTON DRIVE<br>LAKE LAND, FL 33801  |                     |  |   | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____   |                     |  |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees<br>Make check payable to Florida Department of State                 |  |
| 10. OFFICERS AND DIRECTORS  |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE   | PD                  | <input checked="" type="checkbox"/> Delete                                       | TITLE   | S/D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | TUCKER, JANET       |  | NAME  | VREELAND, Holly  |  |
| STREET ADDRESS  | 2408 COVENTRY AVE   |  | STREET ADDRESS  | 129 S. Ky AVE  |  |
| CITY-ST-ZIP   | LAKE LAND, FL 33803 |  | CITY-ST-ZIP   | LAKE LAND, FL 33801  |  |
| TITLE   | W/D                 | <input type="checkbox"/> Delete  | TITLE   | T/D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | PRATT, PAULA        |  | NAME  | CAMERON, MARY  |  |
| STREET ADDRESS  | 321 S KENTUCKY AVE  |  | STREET ADDRESS  | 900 W. KIME ST   |  |
| CITY-ST-ZIP   | LAKE LAND, FL 33801 |  | CITY-ST-ZIP   | LAKE LAND, FL 33801  |  |
| TITLE   | S/D V/D             | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | PAUL, BRENDA        |  | NAME  |  |  |
| STREET ADDRESS  | 108 N KENTUCKY AVE  |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | LAKE LAND, FL 33801 |  | CITY-ST-ZIP   |  |  |
| TITLE   | T/D                 | <input checked="" type="checkbox"/> Delete                                       | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | HERNAN, ANDY        |  | NAME  |  |  |
| STREET ADDRESS  | 210 S FLORIDA AVE   |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | LAKE LAND, FL 33801 |  | CITY-ST-ZIP   |  |  |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                     |  | NAME  |  |  |
| STREET ADDRESS  |                     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                     |  | CITY-ST-ZIP   |  |  |
| TITLE   |                     | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |                     |  | NAME  |  |  |
| STREET ADDRESS  |                     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                     |  | CITY-ST-ZIP   |  |  |
| 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                     |  |   |  |  |
| SIGNATURE: <i>Paula Pratt, President</i>  |                     | SIGNATURE: <i>Paula Pratt</i>  |   | Date: <i>1/7/04</i>  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                     | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR               |   | Daytime Phone #: <i>686-8754 ext 46475</i>   |  |