


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

**FILED  
Apr 07, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A00000001017**

1. Entity Name  
LADY LAKE HOLDINGS, LTD.



Principal Place of Business  
301 S LAKE ST  
LEESBURG, FL 34748

Mailing Address  
301 S LAKE ST  
LEESBURG, FL 34748

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

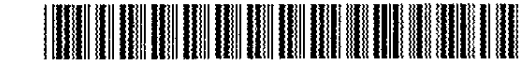
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



03222004 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-3654059

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

JACOBSON, STEWART  
950 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

I, 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

8. Capital Contributions as Shown on record. **\$175,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
L00000007411	INTERCOMMUNITY HOLDING CO., LLC	301 S LAKE ST	LEESBURG, FL 34748

**13. ADDRESS CHANGES ONLY**

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)(f), 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:**  **Hal M. Jacobson** **3/29/04** **352-326-2824**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE