2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED May 16, 2005 08:00 AM Secretary of State

DOCUMENT # A0000001017 1. Entity Name LADY LAKE HOLDINGS, LTD.				Secretary of State
Principal Place of Business Mailing Address 301 S LAKE ST 301 S LAKE ST LEESBURG, FL 34748 LEESBURG, FL 34748		8		
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				04252005 Chg-LP CR2E003 (10/03)
City & State	City & State			4. FEI Number Applied For 59-3654059 Not Applicable
Zip Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent
JACOBSON, STEWART 950 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL. 33020			Street Address (P.O. Box Number is Not Acceptable)
Ì			City	FL Zip Code
8. The above named shifty 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 Strike a registered agent and title of applicable 9. Capital Contributions 10. Amount of Capital Contributions				
as Shown on rectifd. \$175,000.00 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,	i, an amendmen	ADDRESS CHANGES ONLY
DOCUMENT # LO0000007411 NAME INTERCOMMUNITY HOLDING CO., LLC STREET ADDRESS 301 S LAKE ST		STRE	ET ADDRESS	U00000367344
CITY-ST-ZIP LEESBURG, FL 34748	·	CITY	-ST-ZIP	05/16/05-80032-006 526.25
DOCUMENT #		STRE	ET ADDRESS	
STREET ADDRESS City-St-Zip		CITY	·ST-ZIP	
DOCUMENT # NAME		STR	ET ADDRESS	
STREET ADDRESS COTY-ST-ZIP		CITY	-S1-ZIP	
DOCUMENT # NAME		STRE	ET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP	
DOCUMENT / NAME STREET ADDRESS		STRE	ET ADDRESS	
CITY-ST-ZIP		спу	-SI - ZIP	
DOCUMENT # NAME STREET ADDRESS		j	ET ADORESS -SY-ZIP	
city-st-zip 14. I hereby certify that the information supplied with	i this filling does not qualify for	_L_		ction 119.07(3)(i), Florida Statutes Further certify that the information
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Floride 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 empawered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: HAIM True of 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 empawered to execute this report as required by Chapter 620, Florida Statutes				