

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 22 AM 11:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	03142007 Chg-LP CR2E003 (12/06)
4. FEI Number 59-3654059				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
JACOBSON, STEWART 950 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020			Name <i>Kenneth Scott</i>	
			Street Address (P.O. Box Number is Not Acceptable)	
			<i>1048 Juliette Blvd</i>	
			City <i>Mt Dora</i>	FL Zip Code <i>32757</i>
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 <i>Kenneth Scott</i>			DATE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00				
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. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000007411		STREET ADDRESS	
NAME	INTERCOMMUNITY HOLDING CO., LLC		CITY-ST-ZIP	
STREET ADDRESS	301 S LAKE ST			
CITY-ST-ZIP	LEESBURG, FL 34748			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
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STREET ADDRESS				
CITY-ST-ZIP				
100095255011 03/29/07--01060--011 **500.00				
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Hal Jacobson</i>			Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #	

STAPLE CHECK HERE