


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Feb 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A20608**  
1. Entity Name  
LAKE PLACID LTD.



Principal Place of Business  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756

Mailing Address  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756



01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number	59-3378609 36-3378609	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <input type="checkbox"/>	\$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

FLYNN, THOMAS F  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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	
DOCUMENT #	L01000000033
NAME	LAKE PLACID, LLC
STREET ADDRESS	516 LAKEVIEW RD., UNIT 8
CITY-ST-ZIP	CLEARWATER, FL 33756
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UNR0007444765  
13/01/2006-80016-001 508.75

STAPLE CHECK HERE

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 [Signature] As Vice-President of  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 02/15/2006 Daytime Phone # 727-449-1182

**LLC General Partner**