

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000001198	
1. Entity Name BUCKINGHAM-LAKE MARY LIMITED PARTNERSHIP, L.L.L.P.	

Principal Place of Business 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792-5505	Mailing Address 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792-5505
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 95-4755021	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HISS, STEVE 1155 S SEMORAN BLVD, STE 1120 C/O ENGINEERED HOMES OF ORLANDO, INC WINTER PARK FL 32792-5505	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State 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 _____ DATE _____
Signature, typed or printed name of registered agent and if not applicable

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000047015 ENGINEERED HOMES OF ORLANDO, INC. 1155 S SEMORAN BLVD, STE 1120 WINTER PARK FL 32792-5505	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	00000091345U 05/08/08-R0038-001 508.75
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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: *Stam Davis* **4-11-08** **407-571-4355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date District Phone #

STAPLE CHECK HERE