

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 APR 19 PH 3:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A00000000116

1. Entity Name
SHADOW LAKES ORMOND, LTD.



Principal Place of Business
101 SEABREEZE BLVD., SUITE 105
DAYTONA BEACH, FL 32118

Mailing Address
101 SEABREEZE BLVD., SUITE 105
DAYTONA BEACH, FL 32118



2. Principal Place of Business

3. Mailing Address

P O Box 4235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292005

Chg-LP

CR2E003 (10/03)

City & State

City & State

Ormond Beach, FL

4. FEI Number

59-3618278

Applied For

Not Applicable

Zip

Country

Zip

Country

32175

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELAHUNTY, TERENCE J
111 N. ORANGE AVE., STE. 1800
ORLANDO, FL 32801

Name

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

City

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

Signature, typed or printed name of registered agent and fee if applicable

DATE

9. Capital Contributions
as Shown on record. \$1,400,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L01000005358
NAME VANGUARD INVESTMENT PROPERTIES, LLC
STREET ADDRESS 101 SEABREEZE BLVD., SUITE 105
CITY-ST-ZIP DAYTONA BEACH, FL 32118

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000054022920
05/06/05--01087--006 **526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sarah D Vandagriff 4/15/2005 386/672 9080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE