


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A00000001133			
1. Entity Name SAND LAKE INVESTMENTS, LTD.			
Principal Place of Business 802 MABBETTE STREET KISSIMMEE FL 34741		Mailing Address P.O. BOX 420669 KISSIMMEE FL 34742-0669	
2. Principal Place of Business - No P.O. Box # 4405 REAVES ROAD Suite, Apt. #, etc. KISSIMMEE, FLORIDA City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 34746	Country OSCEOLA	Zip	Country

FILED

2007 APR 23 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/06)

4. FEI Number 59-3658879		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BAKER, VANNA K MGR 802 MABBETTE STREET KISSIMMEE FL 34741		7. Name and Address of New Registered Agent Name HANNAH L. SMITH Street Address (P.O. Box Number is Not Acceptable) 4405 REAVES ROAD City KISSIMMEE FL Zip Code 34746	
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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]

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, 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	L00000008537 SMITH-BAKER ENTERPRISES, LLC 802 MABBETTE STREET KISSIMMEE FL 34741	STREET ADDRESS CITY-ST-ZIP	4405 REAVES ROAD KISSIMMEE, FLORIDA 34746
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE