


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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| DOCUMENT # A00000001308 1. Entity Name LAKE WILSON INVESTMENT PARTNERSHIP, LTD. |  |
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| Principal Place of Business 1734 HEMPLE AVENUE GOTHA, FL 34734 | Mailing Address C/O STEPHEN D. DUNEGAN, ESQ. P.O. BOX 2346 ORLANDO, FL 32802-2346 |
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|--------------------------------|--------------------|
| 2. Principal Piece of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
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02112004 Chg-LP CR2E003 (10/03)

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| 4. FEI Number 59-3665920 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC C/O DEAN MEAD EGERTON LAW FIRM 800 NORTH MAGNOLIA AVE., SUITE 1500 ORLANDO, FL 32803 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| 9. Capital Contributions as Shown on record. \$1,343,520.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
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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 | L00000010056 LAKE WILSON MANAGEMENT, LLC 1734 HEMPLE AVENUE GOTHA, FL 34734 | 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 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:  **JOHN F. FISCHER,**
MANAGING MEMBER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date **4/16/04** Daytime Phone # **407-291-6031**

STAPLE CHECK HERE