## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A0000001656**

1. Entity Name LAUDER LAKES, LTD.



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

201 CAPE AVENUE COCOA, FL 32926 Mailing Address

201 CAPE AVENUE COCOA, FL 32926



01102008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1057282 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILLICHIO, BENEDICT J 201 CAPE AVENUE COCOA, FL 32926

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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, the obligations of registered agent.                                      | in the State of Florida. I am familiar with, and accept |
|--|---|
| SIGNATURE ————————————————————————————————————   | DATE  |
| FILE NOW!!! FEE IS \$500.00<br>After May 1, 2008, 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. |   |

| NOTE: General Partners MAT NOT be changed on t |  |                             |   |
|--|--|-----------------------------|---|
|  | 12.  | GENERAL PARTNER INFORMATION |   |
| Ī  | DOCUMENT #                                 | L00000013049                |   |
|  | NAME                                       | FILLICHIO HOLDINGS, LLC.    |   |
|  | STREET ADDRESS                             | 201 CAPE AVENUE             |   |
|  | CITY-ST-ZIP                                | COCOA, FL 32926             |   |
| -  | DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP |                             | , |
|  | DOCUMENT # NAME STREET ADDRESS             |                             |   |
|  | CITY-ST-ZIP                                | I                           |   |

DO NOT WRITE

IN THIS SPACE

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 empty green green the execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

STREET ADDRESS CITY-ST-ZIP

30 08

321-636-6061