

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000474



1. Entity Name
LAKE POINTE VILLAGE, LTD.

Principal Place of Business
**500 SOUTH FLORIDA AVE., SUITE 700
 LAKE LAND, FL 33801**

Mailing Address
**P.O. BOX 5252
 LAKE LAND, FL 33807**



01152004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3713759

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MAXWELL, LAWRENCE T
 500 SOUTH FLORIDA AVE., SUITE 700
 LAKE LAND, FL 33801**

7. Name and Address of New Registered Agent

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 title if applicable

DATE

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

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

DOCUMENT # **G23570**
 NAME **CRF MANAGEMENT CO., INC.**
 STREET ADDRESS **500 SOUTH FLORIDA AVE., SUITE 700**
 CITY-ST-ZIP **LAKE LAND, FL 33801**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Kim S. Kelley

4/30/04 863-6417-1581

STAPLE CHECK HERE