


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000474 1. Entity Name LAKE POINTE VILLAGE, LTD.	
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Principal Place of Business 500 SOUTH FLORIDA AVE., SUITE 700 LAKE LAND, FL 33801	Mailing Address P.O. BOX 5252 LAKE LAND, FL 33807
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04272005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3713759	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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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
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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, typed or printed name of registered agent and title if applicable	DATE
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9. Capital Contributions as Shown on record. \$1,000.00	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 #	G23570	STREET ADDRESS	
NAME	CRF MANAGEMENT CO., INC.	CITY - ST - ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVE., SUITE 700		
CITY - ST - ZIP	LAKE LAND, FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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 05/11/05-80025-022 150.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Kim S. Kelley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Kim S. Kelley	Date 4/27/05	Daytime Phone # 863-647-1581
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