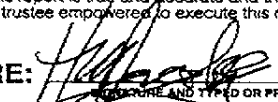


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000476					
1. Entity Name SOUTH LAKE HOLDINGS, LTD.					
Principal Place of Business 301 SOUTH LAKE STREET LEESBURG, FL 34748			Mailing Address 301 SOUTH LAKE STREET LEESBURG, FL 34748		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0676451	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOBSON, STEWART 950 S. FEDERAL HWY. HOLLYWOOD, FL 33020			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L00000007411		STREET ADDRESS		
NAME	INTERCOMMUNITY HOLDING CO., L.L.C.		CITY-ST-ZIP	000000111275	
STREET ADDRESS	301 SOUTH LAKE STREET			04/13/04-80011-007 141.25	
CITY-ST-ZIP	LEESBURG, FL 34748				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
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: 			Hal M. Jacobson 3/29/04 552-326-2224		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE