


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

141.25

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38

<b>DOCUMENT # A01000000924</b>	
1. Entity Name <b>LAKEWOOD ASSOCIATES, LTD.</b>	

Principal Place of Business <b>701 BRICKELL AVE., SUITE 1400 MIAMI FL 33131-2822</b>	Mailing Address <b>701 BRICKELL AVE., SUITE 1400 MIAMI FL 33131-2822</b>
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2. Principal Place of Business <b>703 Waterford Way</b>	3. Mailing Address <b>703 Waterford Way</b>
Suite, Apt. #, etc. <b>Suite 800</b>	Suite, Apt. #, etc. <b>Suite 800</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33126</b>	Country



MOORE CR2E003 (11/03)

4. FEI Number <b>59-6233282</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>PITTS, W. DOUGLAS 701 BRICKELL AVE., SUITE 1400 MIAMI FL 33131-2822</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable) <b>703 Waterford Way</b>		
City <b>Miami</b>		
State <b>FL</b>		
Zip Code <b>33126</b>		

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.

9. Capital Contributions as Shown on record. <b>\$1,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 # <b>P96000034735</b>	NAME <b>NEWCASTER DEVCORP, INC.</b>	STREET ADDRESS <b>703 Waterford Way, Suite 800</b>	
STREET ADDRESS <b>701 BRICKELL AVE., SUITE 1400</b>		CITY-ST-ZIP <b>Miami, FL 33126</b>	
CITY-ST-ZIP <b>MIAMI FL 33131-2822</b>			
DOCUMENT #	NAME	STREET ADDRESS	
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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)(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: *Douglas H. Pitts* **Douglas H. Pitts, Treasurer** 3/3/04 **305-261-4330**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE