

**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Mar 30, 2007 08:00 AM  
Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A01000001189</b><br>1. Entity Name<br>LAKELAND UNITED LTD. |  |
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|  |  |
|--|--|
| Principal Place of Business<br>7777 GLADES ROAD<br>SUITE 201<br>BOCA RATON, FL 33434 | Mailing Address<br>7777 GLADES ROAD<br>SUITE 201<br>BOCA RATON, FL 33434 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03092007 No Chg-LP CR2E003 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-1135141                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>SCHMIER, JEFFREY L<br>7777 GLADES ROAD<br>SUITE 201<br>BOCA RATON, FL 33434 |
|---|

**DO NOT WRITE IN THIS SPACE**

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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
|---|------------|

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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.**

| 12. GENERAL PARTNER INFORMATION |                      |
|---------------------------------|----------------------|
| DOCUMENT #                      | P01000086899         |
| NAME                            | LTC GENERAL, INC.    |
| STREET ADDRESS                  | 7777 GLADES ROAD     |
| CITY-ST-ZIP                     | BOCA RATON, FL 33434 |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |

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04/08/07-80092-012 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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 empowered to execute this report as required by Chapter 620, Florida Statutes

|  |                      |  |
|--|----------------------|--|
| <b>SIGNATURE:</b> <u>Melissa Crowe</u> | Date: <u>3/19/07</u> | Daytime Phone #: <u>(561) 483-2330</u> |
|--|----------------------|--|

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #