


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3: 50

DOCUMENT # A01000001189	
1. Entity Name LAKELAND UNITED LTD.	

Principal Place of Business 611 BROKEN SOUND PARKWAY, SUITE 350 BOCA RATON, FL 33487	Mailing Address 611 BROKEN SOUND PARKWAY, SUITE 350 BOCA RATON, FL 33487
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04242008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1135141	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
CROWE, MELISSA 6111 BROKE SOUND PKWY, NW SUITE 350 BOCA RATON, FL 33487	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
P01000086899 LTC GENERAL, INC. 7777 GLADES ROAD BOCA RATON, FL 33434	6111 Broken Sound Pkwy NW, Suite 350 Boca Raton, FL 33487
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
	900129574619 05/15/08--01007--004 **500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	STREET ADDRESS CITY - ST - ZIP

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

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Melissa Crowe 4/25/08 (561)988-1982

Date

Daytime Phone #