

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

DOCUMENT # A01000001376

1. Entity Name  
LIBERTY WATERFORD LAKES, LTD.



**FILED**

04 APR 29 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152004 Chg-LP CR2E003 (10/03)

Principal Place of Business  
310 WEST CENTRAL PARKWAY, SUITE 700  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
310 WEST CENTRAL PARKWAY, SUITE 700  
ALTAMONTE SPRINGS, FL 32714

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  
59-3750019

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKKELSON, W. MICHAEL  
310 WEST CENTRAL PARKWAY, SUITE 700  
ALTAMONTE SPRINGS, FL 32714

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$400,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 570,642.81

526.25

**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 # P01000094700  
NAME LIBERTY WATERFORD LAKES, INC.  
STREET ADDRESS 310 WEST CENTRAL PARKWAY, SUITE 700  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600034666086  
04/29/04--01033--004 \*\*526.25

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:

*Wm. Michael Mickelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

407-774-8818

STAPLE CHECK HERE