

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

**FILED**  
**May 08, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000001629</b>	
1. Entity Name LAKE BUFFUM PARTNERSHIP, LTD.	
Principal Place of Business NO. 3 ALBRITTON RD. ALTURAS, FL 33820	Mailing Address P.O. BOX 256 ALTURAS, FL 33820



04292008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6121933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  ALBRITTON, DALE E NO. 3 ALBRITTON RD. ALTURAS, FL 33820		<b>DO NOT WRITE IN THIS SPACE</b>
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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**

U000000950692  
06/04/08-80001-009 500.00

**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 #	P02000127976
NAME	ISAAC F & JUANITA S ALBRITTON MGMT, INC
STREET ADDRESS	NO. 3 ALBRITTON RD.
CITY-ST-ZIP	ALTURAS, FL 33820
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Nicholas F Albritton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/29/08*

Date

*863-537-1343*

Daytime Phone #

*Nicholas F Albritton, V Pres Isaac Juanita Albritton Mgmt*

STAPLE CHECK HERE