

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000328

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LAKE POINT SENIOR APARTMENTS LIMITED PARTNERSHIP

**Current Principal Place of Business:**

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

247 NORTH WESTMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 20-1759180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L09000118784  
Name: LAEK POINT GP, LLC  
Address: 5025 SOUTH U.S. HWY 17/92  
City-St-Zip: CASSELBERRY, FL 32707

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID WOOTEN

GP

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date