


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000639 1. Entity Name LAKESIDE DELANEY LTD.	
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Principal Place of Business 650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701	Mailing Address 650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701
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01132006 No Chg-LP

CR2E003 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0595992	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LECCESE, SALVADOR F 650 S. NORTHLAKE BLVD., STE 450 ALTAMONTE SPRINGS, FL 32701

**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

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

DATE

1-25-06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	P03000044335
NAME	LAKESIDE DELANEY, INC.
STREET ADDRESS	650 S. NORTHLAKE BLVD., STE 450
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	

UN00000406398
02/07/06-80114-013 508.75

**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 118, 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

Date

Daytime Phone #

1-25-06

407-645-5575

STAPLE CHECK HERE