

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000001463**

1. Entity Name  
**WILLOW LAKE APARTMENTS, LLLP**



Principal Place of Business  
**1555 PALM BEACH LAKES BLVD.  
SUITE 1100  
WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O FLORIDA MANAGEMENT COMPANY  
P.O. BOX 3267  
WEST PALM BEACH, FL 33402**



01092007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1207464**

Applied For  
Not Applicable

6. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**E. LLOYD ECCLESTONE  
1555 PALM BEACH LAKES BLVD., STE. 1100  
WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_

**FILE NOW!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**U000000665350**  
**03/23/07-80025-003 508.75**

**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 # **L93000037164**  
NAME **WILLOW LAKE OPERATING, LLC**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., STE. 1100**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**RON COOPER**  
**EXECUTIVE VICE PRESIDENT**

**3/9/07**

Date

Daytime Phone #

STAPLE CHECK HERE