

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

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT #A03233**

1. Entity Name  
**EVERGLADES LAKES MOBILE HOME COMMUNITY, LTD.**



Principal Place of Business  
**2900 S.W. 52ND AVE.  
FT. LAUDERDALE, FL 33314**

Mailing Address  
**2900 S.W. 52ND AVE.  
FT. LAUDERDALE, FL 33314**



04022008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1408382**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**HAAGENSON, ROGER D ESQ.  
SUNTRUST CENTER, SUITE 860  
515 E. LAS OLAS BOULEVARD  
FT. LAUDERDALE, FL 33301**

**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, 2008, Fee will be \$900.00**

U00000886018  
04/18/08-80038-004 1150.00

**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 # **A97000000402**  
NAME **COOPER & BLASS INVESTMENTS, LTD.**  
STREET ADDRESS **2900 S.W. 52ND AVENUE**  
CITY- ST- ZIP **FORT LAUDERDALE, FL 33314**

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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

**THOMAS J VANOSDALE**

**4/3/08**

Date

**954-584-6215**

Daytime Phone #

STAPLE CHECK HERE