

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000000023**

1. Entity Name  
**LAKE WORTH VIEW LIMITED PARTNERSHIP**



Principal Place of Business  
**140 ROYAL PALM WAY, SUITE 102  
 PALM BEACH, FL 33480**

Mailing Address  
**140 ROYAL PALM WAY, SUITE 102  
 PALM BEACH, FL 33480**



2. Principal Place of Business  
 Suite, Apt #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt # etc.  
 City & State  
 Zip Country

02252005 Chg-LP CR2E003 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GRAY, HAROLD  
 140 ROYAL PALM WAY, SUITE 102  
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 the # applicable

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,000.00**

**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 |                                    | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|------------------------------------|--------------------------|--|
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            | <b>MIREN DU PONT SANCHEZ</b>       | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | <b>401 WALL STREET (AT GIMLET)</b> |                          |  |
| CITY-ST-ZIP                     | <b>KETCHUM, ID 83340</b>           |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |
| DOCUMENT #                      |                                    | STREET ADDRESS           |  |
| NAME                            |                                    | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                                    |                          |  |
| CITY-ST-ZIP                     |                                    |                          |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Miren du Pont Sanchez **2-28-05** **561-655-1052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE