


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000685	
1. Entity Name LAKE TRAFFORD RANCH, LLLP	

Principal Place of Business 1395-PANTHER LANE, STE. 300 NAPLES, FL 34109	Mailing Address 1395 PANTHER LANE, STE. 300 NAPLES, FL 34109
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01152008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-1417753	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. C/O QUARLES & BRADY LLP 1395 PANTHER LANE STE. 300 NAPLES, FL 34109	
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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 _____
Signature, typed or printed name of registered agent and title if applicable

U00000841936
03/11/08-800.00-009 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	TAYLOR, THOMAS M	STREET ADDRESS	
NAME	481 CARICA ROAD	CITY - ST - ZIP	
STREET ADDRESS	NAPLES, FL 34108		
CITY - ST - ZIP			
DOCUMENT #	ALLEN, CHRISTOPHER L	STREET ADDRESS	
NAME	6301 SHIRLEY STREET	CITY - ST - ZIP	
STREET ADDRESS	NAPLES, FL 34019		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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 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: Thomas M. Taylor 12/29/08 (239) 254-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE