

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000001143

1. Entity Name
LOST TREE PRESERVE, LLLP



FILED

2005 MAY 19 P 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3399 PGA BOULEVARD, SUITE 260
PALM BEACH GARDENS, FL 33410

Mailing Address
3399 PGA BOULEVARD, SUITE 260
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business 3. Mailing Address

02012005 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-1370167

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, HELEN E
3399 PGA BOULEVARD, SUITE 260
PALM BEACH GARDENS, FL 33410

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.

DATE

9. Capital Contributions
as Shown on record. \$0.00

10. Amount of Capital Contributions
in FLORIDA to date. 79,200.00

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 # P04000102726
NAME LOST TREE PRESERVE, INC.
STREET ADDRESS 3399 PGA BOULEVARD, SUITE 260
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200054847102
05/19/05--01019--001 **526.25

DOCUMENT #
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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)(i), 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: *Raine Korbak, VP, Lost Tree Preserve, Inc. IT'S GP 4-1-05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA