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

### **DOCUMENT # A04000001396**

LAKE RACHARD ESTATES, LTD.



**FILED** Mar 19, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

C/O GREGORY S. KINO, ESQ. 515 NORTH FLAGLER DRIVE, 17TH FLOOR WEST PALM BEACH, FL 33401

Mailing Address

C/O GREGORY S. KINO, ESQ. 515 NORTH FLAGLER DRIVE, 17TH FLOOR WEST PALM BEACH, FL 33401



## DO NOT WRITE IN THIS SPACE

02212007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1792821

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KINO, GREGORY S 515 NORTH FLAGLER DRIVE, 17TH FLOOR WEST PALM BEACH, FL 33401

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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 | 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 NOWIII FEE IS \$500.00 After May 1, 2007, 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 P99000037910 DOCUMENT # ARNONE CONSULTING, INC. NAME 139 LOQUAT ROAD, N.E. STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT # STREET ADORESS CITY-ST-ZIP

000000673112 03/29/07-80015-025 500.00

# DO NOT WRITE IN THIS SPACE

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 shape very the same legal effect as if made under cath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required to hapter 620, Florida Statutes

SIGNATURE: .

DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

> Gregory L Arnone SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE CONSUMING, INC.