2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

2005 IAN 18 AM 9: 10

DOCUMENT # A0400001497					ZUUJ JAN TO KIT J. TO	
1. Entity Name LAKE HARRIS COVE PARTNERS, LTD.					IDIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA	
Principal Plac	e of Business	Mailing Address	Mailing Address			
1551 SANDSPUR ROAD		P.O. BOX 4961				
MAITLAND, FL 32751		Orlando, Fl. 3280	ORLANDO, FL 32802-4961			
					E NORTH TOUR TRONT BERN BERN BONN BRINN BRINN BRINN BRINN BRINN BRINN FRANK (FOREN BY 1801)	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042005 Chg-LP CR2E003 (10/03)	
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curr	rent Registered Agent			7. Name and Address of New Registered Agent	
				Name		
B&C CORPORATE SERVICES OF CENT. FL., INC. 390 N. ORANGE AVE., STE 1100			Stre	Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO, FL 32801						
			City		₽ Zio Code	
			City		<u> </u>	
	named entity submits this stateme dions of registered agent.	nt for the purpose of changing	g its registered offic	e or register	red agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE				DATE		
9. Capital Contributions 10. Amount of Capital Contributions					V V V V V V V V V V V V V V V V V V V	
as Shown	on record. \$50.00	in FLORIDA t				
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS MAY NOT be changed o	ENTITY MUST I	BE REGIST	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13.			
DOCUMENT #				ESS		
NAME STREET ADDRESS	ET ADDRESS 1551 SANDSPUR ROAD		 			
CHTY-ST-ZIP			CITY-ST-ZIP	CIIY-S1-ZIP .		
DOCUMENT #	SIF		STREET ADOR	ESS :		
STREET ADDRESS	SS			SITY CT 7ID		
CITY - ST-ZIP	ZIV		CITY-ST-ZIP			
DOCUMENT # NAME			STREET ADDR	ess		
STREET ADDRESS CITY-ST-ZIP			CHTY-ST-ZIP			
DOCUMENT #			STREET ADOR	ESS		
NAME STREET ADDRESS			CUTY CT 7/D			
CITY-ST-ZIP		***************************************	CITY-ST-ZIP			
NAME			STREET ADDR	ESS	300045041033 01/19/0501056022 **150.00	
			CHY-ST-ZIP			
DOCUMENT #			STREET ADDR	ESS		
STREET ADDRESS	STREET ADDRESS				· ····	
CITY-ST-ZIP		de des con la la constante de			440 07/0V/N Florida One has 14 dia 27	
indicated the receiv	certify that the information supplied on this report is true and accurate ver or trustee empowered to execu	with this filing spes not qualify and that my signature shall ha te this report as required by C	y for the exemption ave the same legal thapter 629, Florida	stated in Se effect as if n Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information nade under oath; that I am a General Partner of the limited partnership or	