2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2008 Mar 28, 2008 08:00 A **DOCUMENT # A05000000225 Secretary of State** LAKÉ OAK ESTATES NORTH, LTD. Mailing Address Principal Place of Business 16418 HOLLOW TREE LANE 16418 HOLLOW TREE LANE US LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 03022008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAUERBERG, ERIC M DO NOT WRITE 200 VILLAGE SQUARE CROSSING **SUITE 102** IN THIS SPACE PALM BEACH GARDENS, FL 33410 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 FILE NOWIII 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. GENERAL PARTNER INFORMATION 12. L05000009449 DOCUMENT # LAKE PROPERTIES GROUP #1, LLC NAME STREET ADDRESS 16418 HOLLOW TREE LANE CITY-ST-ZIP LOXAHATCHEE, FL 33470 U00000873664 DOCUMENT A 04/10/08-80089-001 500.00 NAME STREET ADDRESS CITY-ST-ZIP OOCUMENT + NAME DO NOT WRITE STREET ADDRESS CITY-ST-7IP IN THIS SPACE THE PROPERTY OF DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS City-ST-ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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STREET ADDRESS CITY-ST-ZIP

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