


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

**FILED**

2007 MAR 15 AM 10: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A05000001055 1. Entity Name LAKE WORTH OUTPARCEL LIMITED PARTNERSHIP	
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Principal Place of Business 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467	Mailing Address 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

01102007 Chg-LP CR2E003 (12/06)

4. FEI Number 03-0561986	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLMAN, NANCY B BARITZ & COLMAN, LLP 150 EAST PALMETTO PARK ROAD, SUITE 750 BOCA RATON, FL 33432	7. Name and Address of New Registered Agent Name <u>NANCY B. COLMAN ESQ.</u> <u>BARITZ &amp; COLMAN LLP</u> Street Address (P.O. Box Number is Not Acceptable) <u>1075 BROKEN SOUND PARKWAY, NE</u> <u>SUITE 102</u> City <u>BOCA RATON</u> FL Zip Code <u>33487</u>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000075613 LAKE WORTH OUTPARCEL, INC. 8135 LAKE WORTH ROAD, SUITE B LAKE WORTH, FL 33467	STREET ADDRESS CITY-ST-ZIP	<u>400094624214</u> <u>03/23/07--01053--011 **508.75</u>
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/9/07 561-357-0121  
Date Daytime Phone #

STAPLE CHECK HERE