

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 28 PM 2:57

DOCUMENT # A06000001035	
1. Entity Name LAKE UNDERHILL PROPERTIES, LTD.	



Principal Place of Business 800 N INTERLACHEN AVE WINTER PARK, FL 32789	Mailing Address PO BOX 508 WINTER PARK, FL 32790
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2. Principal Place of Business - No P.O. Box # 400 N. NEW YORK AVE		3. Mailing Address	
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State	
Zip 32789	Country USA	Zip	Country

04142008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-5421747		Applied For
APPLIED FOR		Not Applicable
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	
SEYBOLD, NICOLE HIRS 800 N INTERLACHEN AVE WINTER PARK, FL 32789		Name SEYBOLD, NICOLE HIRS	
		Street Address (P.O. Box Number is Not Acceptable) 400 N. NEW YORK AVE	
		SUITE 108	
		City WINTER PARK	FL Zip Code 32789

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 Nicole Hirs Seybold DATE 04-14-08

FILE NOW!!! 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000082699	STREET ADDRESS	000125886530
NAME	LAKE UNDERHILL PROPERTIES MANAGEMENT LLC	CITY-ST-ZIP	04/25/08--01052--025 **508.75
STREET ADDRESS	PO BOX 508		
CITY-ST-ZIP	WINTER PARK, FL 32790		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 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: Nicole Hirs Seybold DATE 04-14-08 407-294-1000

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