

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 23 AM 11:04

**DOCUMENT # A07000000539**

1. Entity Name  
 LAKE DE FUNIAK GARDENS, LTD.



Principal Place of Business  
 ONE WEST LLOYD STREET  
 PENSACOLA, FL 32501

Mailing Address  
 ONE WEST LLOYD STREET  
 PENSACOLA, FL 32501



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152008 Chg-LP CR2E003 (12/06)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA,  
 390 NORTH ORANGE AVENUE, SUITE 1400  
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: Jeffrey Reynolds  
 Street Address (P.O. Box Number is Not Acceptable):  
924 N. Palafox St  
 City: Pensacola FL Zip Code: 32501

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 obligation of registered agent.

SIGNATURE: [Signature] DATE: 4/17/2008

**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

DOCUMENT #	L07000035052
NAME	LAKE DE FUNIAK GARDENS GP, LLC
STREET ADDRESS	ONE WEST LLOYD STREET
CITY-ST-ZIP	PENSACOLA, FL 32501
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	400125113624 04/22/08--01042--004 **500.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: Edwin Hansen - EDWIN HANSEN - 4/17/08 850-390-1250  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #