

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

Jeffrey Reynolds

4/17/2008

DATE

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

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

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

Edwin Hansen **EDWIN HANSEN - 4/17/08 850-390-1250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE