

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A08266**

1. Entity Name  
**DADE CITY COMPLETION PROJECT, LTD.**



Principal Place of Business  
**500 S. FLORIDA AVE., SUITE 700  
LAKELAND, FL 33801**

Mailing Address  
**P.O. BOX 5252  
LAKELAND, FL 33813**



2. Principal Place of Business  
Suite, Apt. #, etc

3. Mailing Address  
Suite, Apt. #, etc

01152004 Chg-LP CR2E003 (10/03)

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**59-1955967**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCFARLANE, PETER A. ESQ.  
500 S. FLORIDA AVE., SUITE 715  
LAKELAND, FL 33801**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

9. Capital Contributions  
as Shown on record **\$100.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # **M77351**  
NAME **LAKE HENRY DEVELOPMENT, INC.**  
STREET ADDRESS **500 S. FLORIDA AVE., SUITE 700**  
CITY-ST-ZIP **LAKELAND, FL 33801**

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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
**000000160263**  
**05/13/04-80014-008 150.00**

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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 exemption stated in Section 119.07(3)(i), 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: Kim S. Kelley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/04 8103617-1581  
Date Daytime Phone #

Kim S. Kelley

STAPLE CHECK HERE