

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

|   |                                |  |   |                           |  |
|---|--------------------------------|--|---|---------------------------|--|
| <b>DOCUMENT # A08266</b><br>1. Entity Name<br><b>DADE CITY COMPLETION PROJECT, LTD.</b>   |                                |  |   |                           |  |
| Principal Place of Business<br><b>500 S. FLORIDA AVE., SUITE 700<br/>         LAKELAND, FL 33801</b>  |                                |  | Mailing Address<br><b>P.O. BOX 5252<br/>         LAKELAND, FL 33813</b>   |                           |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |                                |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |                           |  |
| 4. FEI Number<br><b>59-1955967</b>  |                                |  | Applied For<br><input type="checkbox"/> Not Applicable  |                           |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |                                |  | <b>\$8.75</b> Additional Fee Required   |                           |  |
| 6. Name and Address of Current Registered Agent<br><b>McFARLANE, PETER A. ESQ.<br/>         500 S. FLORIDA AVE., SUITE 715<br/>         LAKELAND, FL 33801</b>  |                                |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                                |  |   |                           |  |
| 9. Capital Contributions as Shown on record. <b>\$100.00</b>  |                                |  | 10. Amount of Capital Contributions in FLORIDA to date.   |                           |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                |  |   |                           |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                                |  | <b>13. ADDRESS CHANGES ONLY</b>   |                           |  |
| DOCUMENT #  | M77351                         |  | STREET ADDRESS  |                           |  |
| NAME  | LAKE HENRY DEVELOPMENT, INC.   |  | CITY - ST - ZIP   | 05/11/05-80013-006 150.00 |  |
| STREET ADDRESS  | 500 S. FLORIDA AVE., SUITE 700 |  |   |                           |  |
| CITY - ST - ZIP   | LAKELAND, FL 33801             |  |   |                           |  |
| DOCUMENT #  |                                |  | STREET ADDRESS  |                           |  |
| NAME  |                                |  | CITY - ST - ZIP   |                           |  |
| STREET ADDRESS  |                                |  |   |                           |  |
| CITY - ST - ZIP   |                                |  |   |                           |  |
| DOCUMENT #  |                                |  | STREET ADDRESS  |                           |  |
| NAME  |                                |  | CITY - ST - ZIP   |                           |  |
| STREET ADDRESS  |                                |  |   |                           |  |
| CITY - ST - ZIP   |                                |  |   |                           |  |
| DOCUMENT #  |                                |  | STREET ADDRESS  |                           |  |
| NAME  |                                |  | CITY - ST - ZIP   |                           |  |
| STREET ADDRESS  |                                |  |   |                           |  |
| CITY - ST - ZIP   |                                |  |   |                           |  |
| DOCUMENT #  |                                |  | STREET ADDRESS  |                           |  |
| NAME  |                                |  | CITY - ST - ZIP   |                           |  |
| 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)(f), 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 <i>Kim S. Kelley</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER<br><i>Kim S. Kelley</i>  |                                |  | 4/28/05 863-647-1591<br>Date Daytime Phone #  |                           |  |

STAPLE CHECK HERE