



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # A08266					
1. Entity Name DADE CITY COMPLETION PROJECT, LTD.					
Principal Place of Business 500 S. FLORIDA AVE., SUITE 700 LAKE LAND, FL 33801			Mailing Address P.O. BOX 5252 LAKE LAND, FL 33813		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01242007 Chg-LP CR2E003 (12/06)	
Zip		Country		4. FEI Number 59-1955967	
5. Certificate of Status Desired		<input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCFARLANE, PETER A. ESQ. 500 S. FLORIDA AVE., SUITE 715 LAKE LAND, FL 33801			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	M77351 LAKE HENRY DEVELOPMENT, INC. 500 S. FLORIDA AVE., SUITE 700 LAKE LAND, FL 33801		STREET ADDRESS CITY-ST-ZIP		
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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: <i>Kim S. Kelley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			4/25/07		863-647-1581

STAPLE CHECK HERE