


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 AM 10:45

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
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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

01112008 Chg-LP CR2E003 (12/06)

4. FEI Number  
59-1955967

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

Applied For  
Not Applicable

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.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M77351	STREET ADDRESS	
NAME	LAKE HENRY DEVELOPMENT, INC.	CITY - ST - ZIP	600125731966
STREET ADDRESS	500 S. FLORIDA AVE., SUITE 700		04/25/08-01005-015 **508.75
CITY - ST - ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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 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: Kim S. Kelley Kim S Kelley 4/17/08 863.647.1581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE