2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 08, 2004 08:00 AM Secretary of State

Due By May 1, 2004					Secretary of State		
1. Entity Na	R MEADOWS OF LAKELAI	ND LIMITED					vary or some
Principal Place of Business 13777 BELCHER ROAD LARGO, FL 33771		Mailing Address 13777 BELCHER ROAD LARGO, FL 33771			1 (22)	######################################	:
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01292004	Chg-LP	CR2E003 (10/03)	
City & State		City & State		4. FEI Numbe 59-2127		Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent			7. Name and	Address of New F	Registered Agent
COCKOL DAVID LESO				Name			
111 SEC	SOCKOL, DAVID J ESQ 111 SECOND AVENUE NE PLAZA TOWER, STE. 1401			Street Address (P.O. Box Number is Not Acceptable)			
ST. PETI	ST. PETERSBURG, FL 33701		City				Zip Code
9 7h - h	3. The above named entity submits this statement for the purpose of changing it			and office as saniatas	and agent as boli	a in the Ctate of El	· · · · · · · · · · · · · · · · · · ·
	ve named entity submits this statement attended agent.	a for the purpose of charging	ið ita leðlatei	ed oute of legister	ಕರ ಪರಿಕಾಣ, ರಾ ಬರಣ	a mane erane or m	osica. Tarriasimai wiir, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable							DATE
	Contributions \$190,000.00	10. Amount of C		butions			
	A GENERAL PARTNE NOTE: General Partners	R THAT IS A BUSINESS					
12.		NER INFORMATION	13.			ADDRESS CH	
DOCUMENT # NAME	LENTINI, VINCENT J		STR	EET ADDRESS			
STREET ADDRES	13777 BELCHER ROAD LARGO, FL 33771		CIT	Y-ST-ZIP		00000 03717704)0090081 1–80002-008 526,25
DOCUMENT # NAME	P9900046933 ADULT CARE HOLDING COI	₹P. /	STR	EET ADDRESS			
STREET ADDRES	13777 BELCHER ROAD LARGO, FL 33771	~	CIT	Y-ST-ZIP			
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DOCUMENT # NAME		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	STF	LEET ADDRESS			
STREET ADDRES	SS .		CIT	Y-ST-21P		·	
DOCUMENT #			STF	ELI ADDPESS			
STREET ADDRES	ss		car	Y-ST-ZIP			
COLUMENT / DOCUMENT / NAME TREET ADDRES CITY-ST-ZIP DOCUMENT / NAME			STE	RELY ADDRESS			
STREET ADDRES	SS		Car	Y-ST-ZIP			
indicat	oy certify that the information supplied ed on this report is true and accurate elver or trustee empowered to execut	and that my signature shall f	have the san	te legal effect as if r	ection 119.07(3)(nade under oath	l), Florida Statutes. , that I am a Gener	I further certify that the information at Partner of the limited partnership or

SIGNATURE: Vincent J. Lentini 2/19/2004 727-726-3310
SIGNATURE AND TYPED OR PAYTED NAME OF SIGNING GENERAL PARTNER

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