



**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

<b>DOCUMENT # A14329</b>					
1. Entity Name <b>LEMON TREE VILLAGE, LTD.</b>					
Principal Place of Business <b>13924 7TH ST DADE CITY FL 33525</b>			Mailing Address <b>13924 7TH ST DADE CITY FL 33525</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2347870</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROBERTS, KEVIN T. 507 W. CHURCH ST. DADE CITY FL 33525</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		<b>\$17,500.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	ROBERTS, KEVIN T.		CITY-ST-ZIP		
STREET ADDRESS	CHURCH STREET				
CITY-ST-ZIP	DADE CITY FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SMITH, THOMAS E.		CITY-ST-ZIP		
STREET ADDRESS	11 JUSTAMERE LANE				
CITY-ST-ZIP	DADE CITY FL				
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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)(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:  <b>Kevin T. Roberts</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 12 PM 12:38



MOORE CR2E003 (11/03)

4. FEI Number **59-2347870**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, KEVIN T.  
507 W. CHURCH ST.  
DADE CITY FL 33525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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SIGNATURE

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DATE

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12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

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	ROBERTS, KEVIN T.	CHURCH STREET	DADE CITY FL		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #