


2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

DOCUMENT # A14329 1. Entity Name LEMON TREE VILLAGE, LTD.	
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Principal Place of Business 13924 7TH ST DADE CITY FL 33525	Mailing Address 13924 7TH ST DADE CITY FL 33525
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2347870	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ROBERTS, KEVIN T. 507 W. CHURCH ST. DADE CITY FL 33525
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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11: FILE NOW!!! Due by May 1, 2005.
See Block 11: instructions for fee info.

9. Capital Contributions as Shown on record. \$17,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
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		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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03/24/05 01050 003 **223.50

STAPLE CHECK HERE

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: 	Date: 3/14/05	Daytime Phone #: 352-567-6581
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #