


**--- PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Jan 25, 2007 08:00 A
Secretary of State

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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2347870	Applied For 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	FL Zip Code
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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. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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
	ROBERTS, KEVIN T.		
	CHURCH STREET		
	DADE CITY FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP
	SMITH, THOMAS E.		
	11 JUSTAMERE LANE		
	DADE CITY FL		
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP

U00000604454
01/23/07-80054-016 508.75

STAPLE CHECK HERE

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:  1/18/07 352-567-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Day Daytime Phone #