

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A15799

Entity Name: SOUTH DOCTORS LAKE, LTD.

**FILED**  
**Jan 14, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

3767 WATERSIDE DRIVE  
ORANGE PARK, FL 32065

**New Principal Place of Business:**

**Current Mailing Address:**

3767 WATERSIDE DRIVE  
ORANGE PARK, FL 32065

**New Mailing Address:**

FEI Number: 59-2372821

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENARD, JAMES R  
3767 WATERSIDE DRIVE  
ORANGE PARK, FL 32065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MENARD, JAMES R  
Address: 3767 WATERSIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065  
Document #: G74254  
Name: SO DOCTORS LAKE CORP.  
Address: 3767 WATERSIDE DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES R MENARD

GP

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date