


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 AM 9:18

<b>DOCUMENT # A16370</b> 1. Entity Name LAKE WORTH VILLAGE, LTD.					
Principal Place of Business 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334			Mailing Address 31550 NORTHWESTERN HIGHWAY, SUITE 200 FARMINGTON HILLS, MI 48334		
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 59-2413382	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY			Name		
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32301-2525					
			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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
9. Capital Contributions as Shown on record. \$4,200,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
<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	PARTRICH, SPENCER M		CITY-ST-ZIP		
STREET ADDRESS	31550 NORTHWESTERN HWY., STE. 200				
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SHAPIRO, MICKEY		CITY-ST-ZIP		
STREET ADDRESS	31550 NORTHWESTERN HWY., STE. 200				
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334				
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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: X			SPENCER M. PARTRICH, A GENERAL PARTNER 2/2/05 248		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone # 251-2700		

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