

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A20696

1. Entity Name
LAKE COMO OFFICE PARK LIMITED PARTNERSHIP



Principal Place of Business
**16630 N. DALE MABRY HWY.
TAMPA, FL 33618-1400**

Mailing Address
**16630 N. DALE MABRY HWY.
TAMPA, FL 33618-1400**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

59-2661066

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WESTFALL, JOHN W./ K.C. PROPERTIES, INC.
16630 N. DALE MABRY HWY.
TAMPA, FL 33618-1400**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1100000538583
15/09/06-80062-013 500.00

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 **GONZALEZ, JOE**
STREET ADDRESS **5801 MARINER**
CITY-ST-ZIP **TAMPA, FL 33609**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **H20384**
STREET ADDRESS **KC PROPERTIES, INC.**
CITY-ST-ZIP **16630 N. DALE MABRY HWY.
TAMPA, FL 336181400**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **SHELTON, RAYMOND M**
STREET ADDRESS **17702 SHANNON OAKS COURT**
CITY-ST-ZIP **TAMPA, FL 33647**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME **MCCARTHY, JEREMIAH J**
STREET ADDRESS **1531 N. DALE MABRY HWY, SUITE 101**
CITY-ST-ZIP **LUTZ, FL 33548**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

JOHN WESTFALL

4/14/06 (813) 962-6544

STAPLE CHECK HERE