

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

**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**



01082008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2661066**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2008, Fee will be \$900.00**

**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**

DOCUMENT #	
NAME	<b>GONZALEZ, JOE</b>
STREET ADDRESS	<b>5801 MARINER</b>
CITY-ST-ZIP	<b>TAMPA, FL 33609</b>
DOCUMENT #	<b>H20384</b>
NAME	<b>KC PROPERTIES, INC.</b>
STREET ADDRESS	<b>16630 N. DALE MABRY HWY.</b>
CITY-ST-ZIP	<b>TAMPA, FL 336181400</b>
DOCUMENT #	
NAME	<b>SHELTON, RAYMOND M</b>
STREET ADDRESS	<b>17702 SHANNON OAKS COURT</b>
CITY-ST-ZIP	<b>TAMPA, FL 33647</b>
DOCUMENT #	
NAME	<b>MCCARTHY, JEREMIAH J</b>
STREET ADDRESS	<b>1531 N. DALE MABRY HWY, SUITE 101</b>
CITY-ST-ZIP	<b>LUTZ, FL 33548</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**900121105259**  
**03/25/08--01002--004 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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*  
*K.C. Properties Inc.*

*2/18/08*

*(813) 962-6544*

STAPLE CHECK HERE