

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 Chg-LP CR2E003 (10/03)

|   |                                |         |  |   |  |
|---|--------------------------------|---------|--|---|--|
| <b>DOCUMENT # A25443</b><br>1. Entity Name<br><b>LAKE MARY PARTNERSHIP, LTD.</b>  |                                |         |  |   |  |
| Principal Place of Business<br><b>C/O SHELDON B. MILLER<br/>         2875 N.E. 191ST STREET, SUITE 702-A<br/>         AVENTURA, FL 33180</b>  |                                |         | Mailing Address<br><b>C/O SHELDON B. MILLER<br/>         2875 N.E. 191ST STREET, SUITE 702-A<br/>         AVENTURA, FL 33180</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |                                |         | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |                                |         | City & State   |   |  |
| Zip   |                                | Country |  | 4. FEI Number<br><b>65-0011053</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                |         |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>MILLER, SHELDON B<br/>         2875 N.E. 191ST STREET, SUITE 702-A<br/>         AVENTURA, FL 33180</b>  |                                |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                |         |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$2,000,000.00</b>  |                                |         | 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><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                |         |  |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                                |         | <b>13. ADDRESS CHANGES ONLY</b>  |   |  |
| DOCUMENT #  | <b>M58989</b>                  |         | STREET ADDRESS   |   |  |
| NAME  | <b>SBM INVESTMENTS, INC.</b>   |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | <b>2875 NE 191 ST 702A</b>     |         | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>N. MIAMI BEACH, FL</b>      |         | CITY-ST-ZIP  |   |  |
| DOCUMENT #  | <b>M58988</b>                  |         | STREET ADDRESS   |   |  |
| NAME  | <b>LAKE MARY GEN. PARTNER</b>  |         | CITY-ST-ZIP  |   |  |
| STREET ADDRESS  | <b>3640 YACHT CLUB DRIVE</b>   |         | <b>100027313381</b><br>01/21/04--01015--018 **526.25   |   |  |
| CITY-ST-ZIP   | <b>AVENTURA, FL</b>            |         | STREET ADDRESS   |   |  |
| DOCUMENT #  | <b>M58987</b>                  |         | CITY-ST-ZIP  |   |  |
| NAME  | <b>SEMINOLE LAND RESOURCES</b> |         | STREET ADDRESS   |   |  |
| STREET ADDRESS  | <b>2164 GENOVA DRIVE</b>       |         | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP   | <b>OVIEDO, FL</b>              |         | STREET ADDRESS   |   |  |
| DOCUMENT #  |                                |         | CITY-ST-ZIP  |   |  |
| NAME  |                                |         | STREET ADDRESS   |   |  |
| STREET ADDRESS  |                                |         | CITY-ST-ZIP  |   |  |
| CITY-ST-ZIP   |                                |         | STREET ADDRESS   |   |  |
| DOCUMENT #  |                                |         | CITY-ST-ZIP  |   |  |
| NAME  |                                |         | STREET ADDRESS   |   |  |
| STREET ADDRESS  |                                |         | CITY-ST-ZIP  |   |  |
| 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 |   |  |
| <b>SIGNATURE:</b>   |                                |         | Jan 15, 2004 (305) 931-9975  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                                |         | <small>Date Daytime Phone #</small>  |   |  |

STAPLE CHECK HERE