

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01032007 Chg-LP CR2E003 (12/06)

DOCUMENT # A25941			
1. Entity Name LAKE CITY VILLAGE, LTD.			
Principal Place of Business C/O HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607		Mailing Address C/O HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607	
2. Principal Place of Business - No P.O. Box # 1461 SW Haygood Loop		3. Mailing Address Suite, Apt. #, etc.	
City & State Lake City, FL		City & State	
Zip 32025	Country USA	Zip	Country
4. FEI Number 59-2892709		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ADAMS, SUSAN 4040 NEWBERRY ROAD, SUITE 1000 GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent 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 _____		DATE _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M04000000193 HALLMARK GROUP SERVICES, LLC 3111 PACES MILL ROAD, SUITE A250 ATLANTA, GA 30339	STREET ADDRESS CITY - ST - ZIP	
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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: _____		4/12/07 770-984-2100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE