

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

03 APR 14 AM 9:45

DOCUMENT # A25941

1. Entity Name
 LAKE CITY VILLAGE, LTD.



Principal Place of Business
 1461 SW HAYGOOD LOOP
 LAKE CITY, FL 32025

Mailing Address
 1461 SW HAYGOOD LOOP
 LAKE CITY, FL 32025



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
 3111 PACES MILL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 SUITE A250

01302008 Chg-LP CR2E003 (12/06)

City & State

City & State
 ATLANTA, GA

4. FEI Number

59-2892709

Applied For

Not Applicable

Zip

Country

Zip

30339

Country

5. Certificate of Status Desired

\$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

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 # M04000000193
 NAME HALLMARK GROUP SERVICES, LLC
 STREET ADDRESS 3111 PACES MILL ROAD, SUITE A250
 CITY-ST-ZIP ATLANTA, GA 30339

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

000123065930
 04/11/08--01042--006 **508.75

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 629, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE