

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # A28800**

1. Entity Name  
**LAKEVIEW-FAMILY, LTD.**



Principal Place of Business

**2295 CORPORATE BOULEVARD, STE. 222  
BOCA RATON, FL 33431**

Mailing Address

**2295 CORPORATE BOULEVARD, STE. 222  
BOCA RATON, FL 33431**



01182006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2970646**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HERRICK, NORTON  
2295 CORPORATE BOULEVARD, STE. 222  
BOCA RATON, FL 33431**

**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, 2006, Fee will be \$900.00**

**110000476550  
04/06/06-80016-001 1526.25**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**HERRICK, ELAYNE  
2295 CORP BLVD, STE. 222  
BOCA RATON, FL 33431**

DOCUMENT #  
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CITY-ST-ZIP

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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

Daytime Phone #

STAPLE CHECK HERE