


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # A31531
1. Entity Name
OLD FLORIDA PLANTATION, LTD.



Principal Place of Business: **7414 SPARKLING LAKE ROAD ORLANDO FL 32819**
Mailing Address: **7414 SPARKLING LAKE ROAD ORLANDO FL 32819**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State



MOORE CR2E003 (11/03)

4. FEI Number: **59-3088093**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**ROEDER, LOUIS III
7414 SPARKLING LAKE ROAD
ORLANDO FL 32819**

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: _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$1,816,992.00**

10. Amount of Capital Contributions in FLORIDA to date: **432,941.19**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	B9500000177	STREET ADDRESS	
NAME	LUC LAKE HANCOCK LIMITED PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	BOX 460, 300 GREENBRIAR RD.		
CITY-ST-ZIP	SUMMERSVILLE WV 26651		
DOCUMENT #		STREET ADDRESS	
NAME	ROEDER, LOUIS III	CITY-ST-ZIP	
STREET ADDRESS	7414 SPARKLING LAKE ROAD		
CITY-ST-ZIP	ORLANDO FL 32819		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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04/27/04-20004-002 526.25

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4804 (407) 352-4194
Date Daytime Phone #

STAPLE CHECK HERE