


**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. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
--	--



MOORE CR2E003 (11/03)

4. FEI Number 59-3088093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 #	B95000000177	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	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

000000131250
04/27/04-80004-002 526.25

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**
48-04 (407) 352-4194
Date Daytime Phone #

STAPLE CHECK HERE