


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due May 1, 2005

FILED
 2005 APR 18 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | | | |
|--|--------------------------------------|--|-------------------------------|
| 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 | | 3. Mailing Address PO Box 440 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Summersville, WV | |
| Zip | Country | Zip 26051 | Country USA |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ROEDER, LOUIS III 7414 SPARKLING LAKE ROAD ORLANDO, FL 32819 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$1,816,992.00 | | 10. Amount of Capital Contributions in FLORIDA to date. \$441,650.48 | |
| 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 # | ROEDER, LOUIS III | STREET ADDRESS | |
| NAME | 7414 SPARKLING LAKE ROAD | CITY-ST-ZIP | 000054038860 |
| STREET ADDRESS | ORLANDO, FL 32819 | | 05/09/05--01015--009 **526 25 |
| CITY-ST-ZIP | | | |
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| 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 600, Florida Statutes. | | | |
| By: <i>Luc Lake Hancock L.P., General Partner of</i> <i>Luc Lake Hancock L.P., Co-Partner</i> | | Date: 4-12-05 | |
| SIGNATURE: <i>Shirley A. Fink, Vice President</i> | | Daytime Phone # | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Shirley A. Fink | | | |

STAPLE CHECK HERE