

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 25 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162007 Chg-LP CR2E003 (12/06)

DOCUMENT # A33116 1. Entity Name LAKE GRIFFIN HARBOR ASSOCIATES, LTD.					
Principal Place of Business 11300 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716			Mailing Address SEMBLER INVESTMENTS 11300 4TH ST. NORTH, STE. 200 ST. PETERSBURG, FL 33716		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3131035 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent COMMUNITY INVESTMENT CORPORATION 11300 4TH ST. NORTH, STE. 200 ST. PETERSBURG, FL 33716	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V46223		STREET ADDRESS	<div style="font-size: 1.2em; font-weight: bold;">300101617083</div> <div style="font-size: 0.8em;">05/04/07--01047--012 **508.75</div>	
NAME	COMMUNITY INVESTMENT CORPORATION		CITY-ST-ZIP		
STREET ADDRESS	11300 4TH STREET NORTH, SUITE 200		CITY-ST-ZIP		
CITY-ST-ZIP	ST. PETERSBURG, FL 33716		STREET ADDRESS		
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CITY-ST-ZIP			STREET ADDRESS		
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: <i>M. Steven Sembler</i> M. Steven Sembler			Date: 4/17/07 Daytime Phone #: 727 577 5522		

STAPLE CHECK HERE