## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## **DOCUMENT # A33116**

1. Entity Name

LAKÉ GRIFFIN HARBOR ASSOCIATES, LTD.



FILED Apr 07, 2008 08:00 A Secretary of State

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



## DO NOT WRITE IN THIS SPACE

03072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3131035

Applied For Not Applicable

5. Certificate of Status Desired

\$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

## DO NOT WRITE IN THIS SPACE

	ove named entity submits this statement for the purpose of changing its igations of registered agent.	registered office or registered age	it, or both, in the State of Florida. I am familiar with, and accept
SIGNATU			
	Signature, typed or printed name of registered agent and title if applicable.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$90	0.00	
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on t		
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12.	GENERAL PARTNER INFORMATION
DOCUMENT #  NAME STREET ADDRESS CITY-ST-ZIP	V46223 COMMUNITY INVESTMENT CORPORATION 11300 4TH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716
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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:

NAME STREET ADDRESS CITY-ST-ZIP

Julie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Julie V. Fanelli

3/12/08

(727) 577-5522

Daytime Phone #