2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

	Due By		F	ILED					
DOCUMENT # A33277 1. Entity Name THE PLANTATION AT LEESBURG LIMITED PARTNERSHIP					וס	SECRETAR VISION OF 07 FEB 14	RY OF S COMPOR	ATIONS	5
	e of Business NAY 27 SOUTH L 34748-9099		Mailing Address 25201 HIGHWAY 27 SOUTH LEESBURG, FL 34748-9099		1 : 18 F 18 1 18 7 8 8	1180 3180 1181 1851 3 87 1	8191 1 8/811 81811	B) B	 9 8: 81
Principal Place of Business - No P.O. Box # 3. Mailing Address 7.0.1 Connection									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152007 Chg-LP CR2E003 (12/06)				
City & State		Suite 300 City & State			4. FEI Number			_ _ −	oplied For
Zip	Country	Greensboro,	Country		56-1783254 5. Certificate of Status Dec		\$	8.75 Add	ot Applicable ditional
	8 Name and Address of Comm	127408	٠		7 11	dd 4 Now B		ee Require	<u> </u>
	6. Name and Address of Curre	ent Registered Agent	-	Name	7. Name and A	ddress of New R	egistered Ag	gent	
THIELE, EARL 25201 HWY. 27 SOUTH				Ross Hemphill Street Address (P.O. Box Number is Not Acceptable)					
LEESBURG, FL 34748									
				25201 US Highway 27			FL	Zip Cod	e 00 0 0
B. The chave	named ontity submits this statemen		Leesburg FL 34748 and office or registered agent, or both, in the State of Florida. Lam familiar with,				8-90 9 9		
	ions of registered agent.	a la	s registered	onice of register	ed agent, or both	, in the state of Fic	م رامانانانانانانانانانانانانانانانانانانا		and accept
SIGNATURE	Signature, typed or printed name of registers ag	ent and title if applicable.					DATE		
		OW!!! FEE IS \$500.00 , 2007, Fee will be \$900	0.00						
		R THAT IS A BUSINESS EN							\overline{N}
12. GENERAL PARTNER INFORMATION						ADDRESS CHA	 		M
DOCUMENT #	M9700000151 LAKEWOOD DEVELOPMENT	COMPANY, LLC	STREET	ADDRESS			-	*	<u> </u>
STREET ADDRESS CITY-ST-ZIP	701 GREEN VALLEY ROAD, GREENSBORO, NC 27408	UITE 300		ST-ZIP					
DOCUMENT #			STREET	T ADDRESS		00088 1/070102		324 **500	
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	<u> </u>	<u> </u>	<u> </u>		<u></u>
DOCUMENT / NAME			STREET	ADDRESS					
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP					
DOCUMENT #			STREET	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP					
indicated	certify that the information supplied on this report is true and accurate a seiver or trustee empowered to exec	and that my signature shall have	the same l	legal effect as if m	nade under oath;	that I am a Gener	al Partner of	the limited	partnership
SIGNAT		D OR PRINTED NAME OF SIGNING GENER	FAND RAL PARTNER		2/7/	67 i		Z Z 4	7110