

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A92000000252**

1. Entity Name  
**LAKE FLORENCE PARTNERS, LTD.**



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 JAN 17 AM 8:21

Principal Place of Business  
~~515 S. LAKE FLORENCE DRIVE~~  
~~WINTER HAVEN, FL 33884~~

Mailing Address  
~~515 S. LAKE FLORENCE DRIVE~~  
~~WINTER HAVEN, FL 33884~~

2. Principal Place of Business

**16405 NORWOOD DR**

Suite, Apt. #, etc.

3. Mailing Address

**16405 NORWOOD DR**

Suite, Apt. #, etc.



01122006 Chg-LP CR2E003 (11/05)

City & State

**TAMPA, FL**

City & State

**TAMPA, FL**

4. FEI Number

**59-3166192**

Applied For

Not Applicable

Zip  
**33624**

Country

**USA**

Zip

**33624**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MARSHBURN, JOSEPH D**  
~~515 S. LAKE FLORENCE DRIVE~~  
~~WINTER HAVEN, FL 33884~~

**16405 NORWOOD DR**  
**TAMPA, FL 33624**

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

*Joseph D. Marshburn* - **Joseph D. Marshburn**

**1-12-06**

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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

DOCUMENT #  
 NAME **MARSHBURN, JOSEPH D**  
 STREET ADDRESS **515 S. LAKE FLORENCE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

DOCUMENT #  
 NAME **MARSHBURN, BERTHA M**  
 STREET ADDRESS **515 S. LAKE FLORENCE DRIVE**  
 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **16405 NORWOOD DR**  
 CITY-ST-ZIP **TAMPA, FL 33624**

STREET ADDRESS **16405 NORWOOD DR**  
 CITY-ST-ZIP **TAMPA, FL 33624**

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
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STREET ADDRESS  
 CITY-ST-ZIP

**800064397788**  
**02/01/06--01076--006 \*\*\$500.00**

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:

*Joseph D. Marshburn* - **Joseph D. Marshburn**

**1-12-06**

**888-573-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE