


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000085

1. Entity Name
LAKEWOOD VILLAS OF LADY LAKE, LTD.



Principal Place of Business: 7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256

Mailing Address: 7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



02232004 Chg-LP CR2E003 (10/03)

4. FEI Number: 59-3158935

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SELIGMAN, KAREN J.
7865 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32256

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: _____

Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$305,796.00

10. Amount of Capital Contributions in FLORIDA to date: _____

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
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP
DOCUMENT #	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP
STREET ADDRESS	CITY - ST - ZIP

000000138195
04/29/04-80073-001 535.00

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 620, Florida Statutes.

SIGNATURE: Sanford L Seligman 3-16-04 404-538-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE