


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

**FILED
Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # A93000000085
1. Entity Name
LAKEWOOD VILLAS OF LADY LAKE, LTD.



Principal Place of Business Mailing Address
**7865 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32256** **7865 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32256**



01242006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-3158935	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, if applicable) _____
City _____
FL Zip Code _____

DO NOT WRITE IN THIS SPACE

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 office if applicable.

**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 STREET ADDRESS CITY-ST-ZIP	SELIGMAN, SANFORD L 7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

U00000515375
04/29/06-80210-003 508.75

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 820, Florida Statutes

SIGNATURE: *Sanford L Seligman* 3/16/06 404-538-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Company Phone #