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

DO NOT WRITE IN THIS SPACE

DOCUMENT # A93000000085

LAKEWOOD VILLAS OF LADY LAKE, LTD.



**FILED** Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256 Mailing Address

7865 SOUTHSIDE BLVD. JACKSONVILLE, FL 32256



Ø

02122008 No Chg-LP

CR2E003 (12/06)

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

## DO NOT WRITE

JACKSONVILLE, FL 32256		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its re- tions of registered agent.	gistered office or registered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE		
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0		
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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		• ,
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS		

14. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-17.08

404 538-242

Date

Daytime Phone #