

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A93000000085

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** LAKEWOOD VILLAS OF LADY LAKE, LTD.

**Current Principal Place of Business:**

7865 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

7865 SOUTHSIDE BLVD.  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 59-3158935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: \_\_\_\_\_  
Name: SELIGMAN, SANFORD L  
Address: 915 KNOLL CREST COURT  
City-St-Zip: ALPHARETTA, GA 30004 US

**ADDRESS CHANGES ONLY:**

Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

Document #: L1000026291  
Name: LADY LAKE SELIGMAN LLC  
Address: 7865 SOUTHSIDE BLVD.  
City-St-Zip: JACKSONVILLE, FL 32256 US

Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

GP

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date