

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:47

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



01032006 Chg-LP CR2E003 (11/05)

4. FEI Number **59-3178846** ☐ Applied For
☒ Not Applicable

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

DOCUMENT # A93000000336
 1. Entity Name
LONGWOOD LAKES, LTD.



Principal Place of Business Mailing Address
921 DOUGLAS AVE., #200 **921 DOUGLAS AVE., #200**
ALTAMONTE SPRINGS, FL 32714 **ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business 3. Mailing Address
1180 Spring Centre S. Blvd. **1180 Spring Centre S. Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 102 **Suite 102**
 City & State City & State
Altamonte Springs, FL **Altamonte Springs, FL**
 Zip Country Zip Country
32704 U.S.A. **32714 U.S.A.**

6. Name and Address of Current Registered Agent
LAFRENIERE, STEPHEN J
921 DOUGLAS AVE., #200
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent
 Name
LaFreniere, Stephen J.
 Street Address (P.O. Box Number is Not Acceptable)
1180 Spring Centre S. Blvd.
Suite 102
 City State Zip Code
Altamonte Springs FL 32714

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 *Stephen J. LaFreniere* **Stephen J. LaFreniere** 4/19/06
 Signature, typed or printed name of registered agent and title if applicable. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	LAFRENIERE, STEPHEN J	STREET ADDRESS	
NAME	989 BEARDED OAKS TERR	CITY-STATE-ZIP	
STREET ADDRESS	LONGWOOD, FL 32750		
CITY-STATE-ZIP			
DOCUMENT #	SEMINARA, DOMINICK	STREET ADDRESS	
NAME	2599 N.W. 63RD STREET	CITY-STATE-ZIP	
STREET ADDRESS	BOCA RATON, FL 33496		
CITY-STATE-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
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NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			

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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: *Stephen J. LaFreniere* **Stephen J. LaFreniere** 4/19/06 (407) 786-4001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE