

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A95000000722

1. Entity Name

LOST KEY PLANTATION LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:36

Principal Place of Business

9173 BAY POINT DR.
ORLANDO FL 32819

Mailing Address

9173 BAY POINT DR.
ORLANDO FL 32819

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E003 (10/05)

City & State

City & State

4. FEI Number

59-3312769

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LKP INVESTORS, INC.
5900 TARAWOOD DRIVE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

LKP Investors, Inc.

Street Address (P.O. Box Number is Not Acceptable)

9173 BAY POINT DR.

City

ORLANDO

FL

Zip Code

32819

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

Bruce G. Haynes (BRUCE G. HAYNES)

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

3/13/06

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # P95000035821
NAME LKP INVESTORS, INC.
STREET ADDRESS 5900 TARAWOOD DRIVE
CITY-ST-ZIP ORLANDO FL 32819

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

9173 BAY POINT DR.

CITY-ST-ZIP

ORLANDO, FL. 32819

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

300069927363

04/10/06--01024--009 **500.00

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:

Bruce G. Haynes (BRUCE G. HAYNES)

3/13/06

(407) 8766267

STAPLE CHECK HERE