



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:47

<b>DOCUMENT # A95000000722</b>				TALLAHASSEE, FLORIDA	
1. Entity Name <b>LOST KEY PLANTATION LIMITED PARTNERSHIP</b>				<b>08 MAY -1 PM 2: 47</b>	
Principal Place of Business <b>9173 BAY POINT DR. ORLANDO, FL 32819</b>		Mailing Address <b>9173 BAY POINT DR. ORLANDO, FL 32819</b>			
2. Principal Place of Business - No P.O. Box # <b>5900 TARAWOOD DR.</b>		3. Mailing Address <b>5900 TARAWOOD DR.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008 Chg-LP CR2E003 (12/06)	
City & State <b>ORLANDO, FL.</b>		City & State <b>ORLANDO, FL.</b>		4. FEI Number <b>59-3312769</b>	
Zip <b>32819</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LKP INVESTORS, INC. 9173 BAY POINT DR ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name <b>BRUCE G. HAYNES</b> Street Address (P.O. Box Number is Not Acceptable) <b>5900 TARAWOOD DR.</b> City <b>Orlando</b> FL Zip Code <b>32819</b>	
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 <b>Bruce G. Haynes</b> DATE <b>4/14/08</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000035821	STREET ADDRESS			
NAME	LKP INVESTORS, INC.	CITY-ST-ZIP			
STREET ADDRESS	9173 BAY POINT DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32819				
DOCUMENT #		STREET ADDRESS	700127233377		
NAME		CITY-ST-ZIP	04/30/08--01008--005 **500.00		
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CITY-ST-ZIP					
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: <b>Bruce G. Haynes</b>		<b>4/14/08</b>		<b>(407) 876 6267</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>		<small>Daytime Phone #</small>	