

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000944

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** LAKE SURGERY & ENDOSCOPY CENTER, LTD.

**Current Principal Place of Business:**

8100 C.R. 44 LEG-A  
LEESBURG, FL 34788

**New Principal Place of Business:**

**Current Mailing Address:**

8100 C.R. 44 LEG-A  
LEESBURG, FL 34788

**New Mailing Address:**

**FEI Number:** 59-3325730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ISMAIL, ISMAIL A  
8110 CR 44 LEG A  
LEESBURG, FL 34788 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 #: P95000048884  
Name: BLUE NILE III, INC.  
Address: 8100 C.R. 44 LEG-A  
City-St-Zip: LEESBURG, FL

**ADDRESS CHANGES ONLY:**

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: ISMAIL A ISMAIL

CFO

02/16/2011

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

\_\_\_\_\_  
Date