


2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A96000000042		
1. Entity Name LAKE WASHINGTON, LTD.		

FILED

2004 DEC 28 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2680 CROTON ROAD MELBOURNE, FL 32935	Mailing Address 101 EAST STATE STREET KENNETT SQUARE, PA 19348
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2. Principal Place of Business <i>101 EAST STATE STREET</i>	3. Mailing Address Suite, Apt. #, etc.
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12232004 REIN-LP CR2E100 (6/04)

City & State <i>KENNETT SQUARE, PA</i>	City & State
Zip <i>19348</i>	Country

4. FEI Number 23-2831307	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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	DATE
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9. Capital Contributions as Shown on record. \$30,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$30,000.00	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	F96000000073	STREET ADDRESS	<i>181 EAST STATE STREET</i>
NAME	LAKE MANOR, INC.	CITY-ST-ZIP	<i>KENNETT SQUARE, PA 19348</i>
STREET ADDRESS	8800 GRAND OAK CIRCLE, SUITE 400		
CITY-ST-ZIP	TAMPA, FL 33637		
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CITY-ST-ZIP			

REINSTATEMENT *04*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Norman Schubert* **NORMAN SCHUBERT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **V.P. LAKE MANOR, INC., G.P.** 12-22-04
Date Daytime Phone #

STAPLE CHECK HERE