

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 10: 53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04182007 Chg-LP CR2E003 (12/06)

4. FEI Number **59-3379074** Applied For
 Not Applicable

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

DOCUMENT # A96000000533
 1. Entity Name
ORMOND LAKES, LTD.



Principal Place of Business
**860 HULL RD.
 ORMOND BEACH, FL 32174**

Mailing Address
**P.O. BOX 1626
 ORMOND BEACH, FL 32175**

2. Principal Place of Business - No P.O. Box #
131 BUSINESS CENTER DR.

Suite, Apt. #, etc.
SUITE 11-B

City & State
ORMOND BEACH, FL

Zip
32175

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**TUMBLESON, J. DOYLE
 150 SOUTH PALMETTO AVE.
 SUITE A
 DAYTONA BEACH, FL 32114**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # | P95000069522 | STREET ADDRESS | |
| NAME | ORMOND LAKES, INC. | CITY-ST-ZIP | 700101239447 |
| STREET ADDRESS | 150 S. PALMETTO AVE., STE. A | | 05/02/07--01052--024 **500.00 |
| CITY-ST-ZIP | DAYTONA BEACH, FL 32114 | STREET ADDRESS | |
| DOCUMENT # | | CITY-ST-ZIP | |
| NAME | | STREET ADDRESS | |
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| STREET ADDRESS | | CITY-ST-ZIP | |
| CITY-ST-ZIP | | STREET ADDRESS | |

STAPLE CHECK HERE

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: **JAMES RONNIE BLEDSOE** **04/19/07** **386-676-1501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #