

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000001378

1. Entity Name
 LAKEVIEW OF ZEPHYRHILLS, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB -8 AM 10:31

Principal Place of Business
 37839 COUNTY ROAD 54
 ZEPHYRHILLS, FL 33541

Mailing Address
 TEMPLE TERRACE VILLAGE
 10912 NORTH 56TH STREET
 TEMPLE TERRACE, FL 33617



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01162007 Chg-LP CR2E003 (12/06)

City & State
 Zip Country

4. FEI Number
 59-3430489

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GOSS, JAMES C
 10912 N 56TH STREET
 TEMPLE TERRACE, FL 33617

7. Name and Address of New Registered Agent
 Name TRENT C. GOSS
 Street Address (P.O. Box Number is Not Acceptable)
 10912 N 56th Street
 Temple Terrace, FL 33617-3004
 City 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 [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
 DOCUMENT # P96000057619
 NAME CENTRAL EQUITIES, INC.
 STREET ADDRESS 10912 N 56TH STREET
 CITY-ST-ZIP TEMPLE TERRACE, FL 33617

13. ADDRESS CHANGES ONLY
 STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
 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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 18 2007
 Date Daytime Phone #

STAPLE CHECK HERE

[Signature]

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