

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
 59-3430489

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DATE

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 # **P96000057619**
 NAME **CENTRAL EQUITIES, INC.**
 STREET ADDRESS **10912 N 56TH STREET**
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAN 18 2007

Date

Daytime Phone #

STAPLE CHECK HERE