

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A96000001378**

1. Entity Name  
 LAKEVIEW OF ZEPHYRHILLS, LTD.



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

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



01032008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3430489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GOSS, TRENT C  
 10912 N 56TH STREET  
 TEMPLE TERRACE, FL 33617-3004

**DO NOT WRITE  
 IN THIS SPACE**

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, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
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000000325141  
 02/20/08-80107-010 \$500.00

**DO NOT WRITE  
 IN THIS SPACE**

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:** *[Signature]* **2-6-08** **(813) 980-3817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #