

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)

4. FEI Number
59-3430489

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

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

DATE

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
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000325141
02/20/08-80107-010 \$500.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

2-6-08 (813) 980-3817

STAPLE CHECK HERE