


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A96000001390 1. Entity Name EAST LAKE INVESTORS, LTD. |  |
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|--|--|
| Principal Place of Business PO BOX 706 SARASOTA, FL 34230-0706 | Mailing Address PO BOX 706 SARASOTA, FL 34230-0706 |
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LP CR2E003 (12/06)

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|---|--------------------------------|
| 4. FEI Number 59-3404255 | 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 WEBB, RICHARD S IV, ESQ. C/O ICARD, MERRILL, ET AL 2033 MAIN STREET, #600 SARASOTA, FL 34237 | DO NOT WRITE IN THIS SPACE |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
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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 # | L05000013179 |
| NAME | EAST LAKE LANDINGS, LLC |
| STREET ADDRESS | 2033 MAIN STREET, SUITE 600 |
| CITY-ST-ZIP | SARASOTA, FL 34237 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| CITY-ST-ZIP | |

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01/30/07-80043-025 500.00

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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:  <i>is manager of general partner</i> | DATE: 1/24/07 | DAYTIME PHONE #: 941 366-8100 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | |