

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001884

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Entity Name:** LINDFIELDS RESERVE LIMITED PARTNERSHIP

**Current Principal Place of Business:**

3252 SUNRISE WALK  
KISSIMMEE, FL 34747 US

**New Principal Place of Business:**

1705 NORTH GOODMAN ROAD  
KISSIMMEE, FL 34747 US

**Current Mailing Address:**

3251 SUNRISE WALK  
KISSIMMEE, FL 34747

**New Mailing Address:**

1705 NORTH GOODMAN ROAD  
KISSIMMEE, FL 34747

**FEI Number:** 65-0701307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STYLES, JEAN E  
1705 NORTH GOODMAN ROAD  
KISSIMMEE, FL 34747 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L96000001064  
Name: LINDRESORT L.C.  
Address: 3251 SUNRISE WALK  
City-St-Zip: KISSIMMEE, FL 34747 US

**ADDRESS CHANGES ONLY:**

Address: 1705 NORTH GOODMAN ROAD  
City-St-Zip: KISSIMMEE, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEAN E. STYLES

D

04/25/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date