2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006					SECRETARY OF STATE DIVISION OF COPPORATIONS		
1. Entity Nam	MENT # A9700000		WI WI	VISION (IP)	OPPORATIONS		
LAKÉ CLUB APARTMENTS, LTD.					06 APR 24	AM 10: 39	
Principal Place of Business Mailing Address							
FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, I			EK ROAD, SUITE 35 3309	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		. 1111 4111 1111 1111 1111 1111 1111 1	
2. Principal Place of Business 7300 W. Camino Real Suite, Apt. #, etc. 3. Mailing Address 7300 W. Ca Suite, Apt. #, etc.				04102006		CP25002 (41/05)	
Suite 122 Suite			22	4. FEI Numbe	Chg-LP	CR2E003 (11/05) Applied For	
Boca Katon FL		Boca Katow FL		65-0743		Not Applicable	
Zip 33433 Country USA		Zip 33433 Country SA		5. Certificate	of Status Desired	□ \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	_	Address of New R	 	
SUNMARK PROPERTIES, INC.				(address		Λ	
	CYPRESS CREEK RD, STE ERDALE, FL 33309	Street Address (P.O. Box Number is Not Acceptable) 7300 W. Camino Keal #122					
9 The shows	s named callby submits this statement for		DUCA KATON				
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, 2006, 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 PARTNE		13.		ADDRESS CHA		
DOCUMENT # NAME	P97000031676 SUNMARK PROPERTIES, INC.	MARK PROPERTIES, INC.		7300 W	Camino	Real #122	
STREET ADDRESS CITY-ST-ZIP	800 WEST CYPRESS CREEK R FT. LAUDERDALE, FL 33309	OAD, SUITE 350	CITY-ST-ZIP	Boca F	laton, Fl	33433	
DOCUMENT # NAME			STREET ADORESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
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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 reports 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 truefee empowered to/execute this report as fequired by Chapter 620, Florida Statutes							
SIGNATURE: Jay Krinsky 4(10/2001s (56))395,3075							