## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)

SIGNATURE! X

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SIGNATURE AND THE OF

PRINTED NAME OF SIGNING GENERAL PARTNER

## **DUE BY MAY 1, 2005** FILLED. DOCUMENT # A97000001602 SECRETARY OF STATE DIVISION OF PORPORATIONS 1. Entity Name MANISCALCO LADY LAKE LTD. 05 MAY 11 AM 8: 34 Principal Place of Business Mailing Address 2295 NW CORPORATE BLVD 2295 NW CORPORATE BLVD SUITE 135 BOCA RATON FL 33431 SUITE 135 **BOCA RATON FL 33431** 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) Applied For City & State 4. FEI Number City & State 65-0776804 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANET, LLOYD ESQ. Street Address (P.O. Box Number is Not Acceptable) 2295 NW CORPORATE BLVD., STE. 235 **BOCA RATON FL 33431** Zip Code FL 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. 11. FILE NOW!!! Oue by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$128,451.37 in FLORIDA to date as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. P97000054518 DOCUMENT # 2295 N.W. Corporate Blvd. #135 STREET ADDRESS PD LADY LAKE, INC. STREET ADDRESS 190 W. GLADES ROAD, SUITE C CITY-ST-7IP Boca Raton, Florida 33431 **BOCA RATON FL 33432** CITY-ST-ZIP DOCUMENT # 300056035323 STREET ADDRESS NAME <del>06/10/05--01061--002-</del> STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DUCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-7IP DOCHMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 www (alw Rosemary Maniscalco

4/25/05

(561) 994-2789

Daytime Phone #