

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000002030</b> 1. Entity Name LAKE PROVIDENCE, LTD.					
Principal Place of Business 800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803			Mailing Address C/O B&C CORPORATE SERVICES OF CENT. FLA. P.O. BOX 4961 ORLANDO, FL 32802-4961		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01042005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-3478250</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL    Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$15,526,050.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000080241 LAKE PROVIDENCE, INC. 800 NORTH HIGHLAND AVE., SUITE 200 ORLANDO, FL 32803		STREET ADDRESS CITY-ST-ZIP		
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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.					
<b>SIGNATURE:</b> <i>Lake Providence, Inc., General Partner</i> <i>Steven A. Kopp, President</i>			4/20/05    407-292-7717 Date    Daytime Phone #		

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