


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000317</b> 1. Entity Name <b>THORNWOOD TERRACE OF LAKE CITY LTD.</b>	
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Principal Place of Business <b>1015 W. THORNWOOD CIRCLE LAKE CITY FL 32025</b>	Mailing Address <b>3111 PACES MILL ROAD, SUITE A-250 C/O HALLMARK GROUP ATLANTA GA 30339</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2ED03 (10/05)

4. FEI Number **62-1727105** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent <b>ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERRY RD, STE. 1000 GAINESVILLE FL 32607</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>M03000001595 HALLMARK GROUP SERVICES OF FLORIDA, LLC 3111 PACES MILL ROAD, SUITE A-250 ATLANTA GA 30339</b>	STREET ADDRESS CITY-ST-ZIP	<b>1100000462673 03/21/06-80043-014 508.75</b>
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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: Susan Adams

3-2-06