


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

DOCUMENT # A98000000317	
1. Entity Name THORNWOOD TERRACE OF LAKE CITY LTD.	

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

Principal Place of Business 1015 W. THORNWOOD CIRCLE LAKE CITY FL 32025	Mailing Address 3111 PACES MILL ROAD, SUITE A-250 C/O HALLMARK GROUP ATLANTA GA 30339
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2. Principal Place of Business - No P.O. Box # 1015 S.W. THORNWOOD CIR.	3. Mailing Address Suite, Apt. #, etc.
City & State LAKE CITY, FL	City & State
Zip 32025	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 62-1727105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAMS, SUSAN HALLMARK GROUP SERVICES OF FLORIDA, LLC 4040 NEWBERRY RD, STE. 1000 GAINESVILLE FL 32607	
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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 100122866121 04/10/08--01016--006 **508.75

FILE NOW!!! Fee is \$500. * After May 1, 2008, 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 #	M03000001595	STREET ADDRESS	
NAME	HALLMARK GROUP SERVICES OF FLORIDA, LLC	CITY-ST-ZIP	
STREET ADDRESS	3111 PACES MILL ROAD, SUITE A-250		
CITY-ST-ZIP	ATLANTA GA 30339		
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STREET ADDRESS			
CITY-ST-ZIP			

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: 	DATE: 3/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	

STAPLE CHECK HERE