


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000797			
1. Entity Name FORTUNE LAKES, LTD.			
Principal Place of Business 912 HIGHLAND AVENUE ORLANDO, FL 32803		Mailing Address 912 HIGHLAND AVENUE ORLANDO, FL 32803	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt., etc.		Suite, Apt., etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BASQUE, JAMES F 1637 EAST VINE STREET, SUITE E KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



02252004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3517167

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

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

9. Capital Contributions
as Shown on record. \$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 #	P92000006282	STREET ADDRESS	
NAME	WESTWOOD, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	912 HIGHLANDS AVENUE		
CITY-ST-ZIP	ORLANDO, FL 32803		
DOCUMENT #		STREET ADDRESS	1000000090360
NAME		CITY-ST-ZIP	03/17/04-80014-005 141.25
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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 exemption stated in Section 119.07(3)(f), 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:

[Signature]

2-2-04

407-644-4205

STATE OF FLORIDA