


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000001906</b>	
<b>1. Entity Name</b> LAKE AREA OF KEYSTONE HEIGHTS, LTD.	

<b>Principal Place of Business</b> C/O SHEY ASSOCIATES, INC. 6110 N.W. 1ST PLACE GAINESVILLE FL 32607	<b>Mailing Address</b> C/O SHEY ASSOCIATES, INC. 6110 N.W. 1ST PLACE GAINESVILLE FL 32607
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

<b>4. FEI Number</b> 59-3530299	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  SHEY, LAURA B 6110 N.W. 1ST PLACE GAINESVILLE FL 32607	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_

<b>9. Capital Contributions</b> as Shown on record. \$200,000.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date. 200,000.00	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE</b> <b>SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b> 346029	<b>NAME</b> SHEY ASSOCIATES, INC. ✓	<b>STREET ADDRESS</b>	
<b>STREET ADDRESS</b> 6110 N.W. 1ST PLACE		<b>CITY-ST-ZIP</b>	000000069558 02/28/04-80010-001 526.25
<b>CITY-ST-ZIP</b> GAINESVILLE FL 32607		<b>STREET ADDRESS</b>	
<b>DOCUMENT #</b>		<b>CITY-ST-ZIP</b>	
<b>NAME</b>		<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	

STAPLE CHECK HERE

**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**

**SIGNATURE:**  **LAURA SHEY, President** 2-3-04 (352) 331-1668  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #