

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002250

1. Entity Name
RAINTREE OF LAKE COUNTY LTD



Principal Place of Business
20725 SW 46TH AVENUE
NEWBERRY, FL 32669

Mailing Address
20725 SW 46TH AVENUE
NEWBERRY, FL 32669



01062006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
62-1757849

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, STEFAN M
20725 SW 46TH AVENUE
NEWBERRY, FL 32669

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Accepted)

City

FL

Zip Code

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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04/26/06-80124-020 500.00

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

DOCUMENT # A95000000823
NAME DAVIS HERITAGE LTD.
STREET ADDRESS 20725 S.W. 46TH AVENUE
CITY-ST-ZIP NEWBERRY, FL 32608

DOCUMENT #
NAME DAVIS, STEFAN M TRUSTEE
STREET ADDRESS 20725 S.W. 46TH AVENUE
CITY-ST-ZIP NEWBERRY, FL 32608

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

Stefan M. Davis

2/15/06

352-472-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #

STAPLE CHECK HERE