

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 23, 2007 08:00 A
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**



01032007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1757849	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, if applicable)

City

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 #	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**U00000727272
05/04/07-80040-024 500.00**

**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

Stefan M. Davis

January 4, 2007

352-472-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE