

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 14, 2008 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**



01182008 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



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

**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, 2008, 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**A95000000823
DAVIS HERITAGE LTD.
20725 S.W. 46TH AVENUE
NEWBERRY, FL 32608**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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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

U000000828263
02/25/08-80005-008 508.75

**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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Stefan M. Davis

January 24, 2008

(352) 472-7773

Date

Daytime Phone #

STAPLE CHECK HERE