

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

DOCUMENT # A98000002473

1. Entity Name

LAKESMART ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 15 PM 3:49

Principal Place of Business

2937 S.W. 27TH AVENUE, SUITE 303
COCONUT GROVE FL 33133

Mailing Address

2937 S.W. 27TH AVENUE, SUITE 303
COCONUT GROVE FL 33133

2. Principal Place of Business

2937 S.W. 27th Ave
Suite, Apt. #, etc.

3. Mailing Address

2937 S.W. 27th Ave
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33133

Country

USA

Zip

33133

Country

USA



MOORE

CR2E003 (11/03)

4. FEI Number

65-0871658

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

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

400035796594
05/10/04--01030--007 **526.25

City

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

9. Capital Contributions
as Shown on record.

\$4,136,254.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # P98000092471
NAME LAKESMART ASSOCIATES, INC.
STREET ADDRESS 2937 S.W. 27TH AVENUE, SUITE 303
CITY-ST-ZIP COCONUT GROVE FL 33133

DOCUMENT # N96000002724
NAME FLORENCE VILLA COMMUNITY DEVELOPMENT CORP
STREET ADDRESS 111 AVENUE R, NE
CITY-ST-ZIP WINTER HAVEN FL 33881

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE